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 24, 2020
OKHAN_307--2020_03-24 ADV-N
Reference: N/A

Process to Order a COVID-19 Test

Physicians can order a COVID-19 test (for patients meeting the testing criteria noted) by following the below procedure for submission to the OSDH PHL:

EFFECTIVE 3/27/2020, Specimens submitted without PUI, Screening Template, and Lab Requisition Forms will be UNSAT for testing.

Summary Points

- National shortage of nylon nasopharyngeal swabs
- PUI Form
- Process to order COVID-19 Test
- Testing Criteria at PHL
- PHL Requisition Form
- Script for Provider Evaluation

1. Complete the OSDH PHL Test Requisition Form (ODH 419).
   a. Accessible in PHOCIS and PHIDDO. Also, a hardcopy or fillable copy is available at 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.
      - Submit ONE swab in viral transport medium (VTM), universal transport medium (UTM), M4 or equivalent.

Note: *While the FDA has indicated that liquid Amies-based transport media (e.g., Copan E-Swab or Puritan Opti-Swab systems) or a dry swab in sterile saline could be used to collect and transport samples for COVID-19 testing, neither the CDC or the OSDH PHL have verified the performance characteristics of these collection devices.* ***Therefore, until further guidance from the CDC is provided, the OSDH PHL cannot accept these specimens for use in the CDC test.***

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

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Hardcopy Requisition

- In the lower right-hand corner of the form, checkmark the "Other" box and hand-write ***"Coronavirus"*** or ***"COVID-19"*** or ***"SARS-CoV-2"*** or ***"2019 nCoV"*** in the blank space.
- Checkmark the "Naspharynx" box in the Specimen Information section of the form.

Coronavirus is not currently listed on the hardcopy PHL test requisition. What test should be ordered?

Fillable Requisition

- This form has been updated to include a Coronavirus-2019 selection.

Additional Forms

Complete and submit the submit the Human Infection with 2019 Novel Coronavirus Person Under Investigation (PUI) and Case Report Form and the Screening Template for COVID-19 Testing at the OSDH Public Health Laboratory (see attached) to ensure the testing criteria are met.

Due to the widescale shortages of laboratory supplies and reagents, hospitals should use private laboratories for COVID-19 testing.

COVID-19 Testing Criteria 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).

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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.

- 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.

Additional Laboratories Conducting COVID-19 Testing (Listing of laboratories is not exhaustive nor an indication of endorsement):

Clinical Pathology Laboratories: https://www.cpllabs.com/clinicians/coronavirus-disease-covid-19/

DLO/Quest Diagnostics: https://www.dlolab.com/covid-19

LabCorp: https://www.labcorp.com/information-labcorp-about-coronavirus-disease-2019-covid-19

Mayo Clinic: https://www.mayocliniclabs.com/test-catalog/Overview/75578

Regional Medical Laboratory: http://www.rmlonline.com/site/sections/705

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 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

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

CDC 2019-nCoV ID [ ]

Form Approved: OMB: 0920-1011 Exp. 4/23/2020

……PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC……

Patient First Name _____ Patient Last Name _____ Date of Birth (MM/DD/YYYY): _____/_____/_____

Patient Physical Address: _____ Patient Phone #: _____

……PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC……

Human Infection with 2019 Novel Coronavirus
Person Under Investigation (PUI) and Case Report Form

Reporting jurisdiction: _____ Case state/local ID: _____

Reporting health department: _____ CDC 2019-nCoV ID: _____

Contact ID [a]: _____ NNDSS loc. rec. ID/Case ID [b]: _____

a. Only complete if case-patient is a known contact of prior source case-patient. Assign Contact ID using CDC 2019-nCoV ID and sequential contact ID, e.g., Confirmed case CA102034567 has contacts CA102034567 -01 and CA102034567 -02. [b]For NNDSS reporters, use GenV2 or NETSS patient identifier.

Interviewer information

Name of interviewer: Last _____ First_____

Affiliation/Organization: _____ Telephone _____ Email _____

Basic information

What is the current status of this person?
- ☐ PUI, testing pending*
- ☐ PUI, tested negative*
- ☐ Laboratory-confirmed case

* Testing performed by state, local, or CDC lab.

Report date of PUI to CDC (MM/DD/YYYY):
____/_____/_____

Report date of case to CDC (MM/DD/YYYY):
____/_____/_____

County of residence: _____
State of residence: _____

Ethnicity:
- ☐ Hispanic/Latino
- ☐ Non-Hispanic/ Latino
- ☐ Not specified

Sex:
- ☐ Male
- ☐ Female
- ☐ Unknown
- ☐ Other

Race (check all that apply):
- ☐ Asian
- ☐ Black
- ☐ White
- ☐ Other, specify: _____
- ☐ American Indian/Alaska Native
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Unknown

Date of birth (MM/DD/YYYY): ____/_____/_____
Age: _____
Age units(yr/mo/day): _____

Date of first positive specimen collection (MM/DD/YYYY):
____/_____/_____
☐ Unknown ☐ N/A

Did the patient develop pneumonia?
☐ Yes ☐ Unknown ☐ No

Did the patient have acute respiratory distress syndrome?
☐ Yes ☐ Unknown ☐ No

Did the patient have another diagnosis/etiology for their illness?
☐ Yes ☐ Unknown ☐ No

Did the patient have an abnormal chest X-ray?
☐ Yes ☐ Unknown ☐ No

Was the patient hospitalized?
☐ Yes ☐ No ☐ Unknown

If yes, admission date 1
___/___/___ (MM/DD/YYYY)
If yes, discharge date 1
__/___/____ (MM/DD/YYYY)

Was the patient admitted to an intensive care unit (ICU)?
☐ Yes ☐ No ☐ Unknown

Did the patient receive mechanical ventilation (MV)/intubation?
☐ Yes ☐ No ☐ Unknown
If yes, total days with MV (days)
_____

Did the patient receive ECMO?
☐ Yes ☐ No ☐ Unknown

Did the patient die as a result of this illness?
☐ Yes ☐ No ☐ Unknown

Date of death (MM/DD/YYYY):
____/_____/_____
☐ Unknown date of death

Symptoms present during course of illness:
- ☐ Symptomatic
- ☐ Asymptomatic
- ☐ Unknown

If symptomatic, onset date (MM/DD/YYYY):
____/_____/_____
☐ Unknown

If symptomatic, date of symptom resolution (MM/DD/YYYY):
____/_____/_____
- ☐ Still symptomatic ☐ Unknown symptom status
- ☐ Symptoms resolved, unknown date

Is the patient a health care worker in the United States? ☐Yes ☐No ☐Unknown

In the 14 days prior to illness onset, did the patient have any of the following exposures (check all that apply):

☐ Travel to a geographically affected area per CDC; https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html
Specify site(s):
_____
_____
_____

☐ Community contact with another lab-confirmed COVID-19 case-patient

☐ Any healthcare contact with another lab-confirmed COVID-19 case-patient
☐ Patient ☐ Visitor ☐ HCW

☐ Animal exposure

☐ Exposure to a cluster of patients with severe acute lower respiratory distress of unknown etiology

☐ Other, specify:_____

☐ Unknown

If the patient had contact with another COVID-19 case, was this person a U.S. case? Yes / No

☐ Yes, nCoV ID of source case: _____ ☐ No ☐ Unknown ☐ N/A

Under what process was the PUI or case first identified? (check all that apply): ☐ Clinical evaluation leading to PUI determination

☐ Contact tracing of case patient ☐ Routine surveillance ☐ EpiX notification of travelers; if checked, DGMQID_____

☐ Unknown ☐ Other, specify:_____

CDC 2019-nCoV ID: _____ Form Approved: OMB: 0920-1011 Exp. 4/23/2020

Human Infection with 2019 Novel Coronavirus
Person Under Investigation (PUI) and Case Report Form

Symptoms, clinical course, past medical history and social history

Collected from (check all that apply): ☐ Patient interview ☐ Medical record review

During this illness, did the patient experience any of the following symptoms?	Symptom Present?
Fever >100.4F (38C)[c]	☐Yes ☐No ☐Unk
Subjective fever (felt feverish)	☐Yes ☐No ☐Unk
Chills	☐Yes ☐No ☐Unk
Muscle aches (myalgia)	☐Yes ☐No ☐Unk
Runny nose (rhinorrhea)	☐Yes ☐No ☐Unk
Sore throat	☐Yes ☐No ☐Unk
Cough (new onset or worsening of chronic cough)	☐Yes ☐No ☐Unk
Shortness of breath (dyspnea)	☐Yes ☐No ☐Unk
Nausea or vomiting	☐Yes ☐No ☐Unk
Headache	☐Yes ☐No ☐Unk
Abdominal pain	☐Yes ☐No ☐Unk
Diarrhea (≥3 loose/looser than normal stools/24hr period)	☐Yes ☐No ☐Unk
Other, specify:_____	

Pre-existing medical conditions? ☐ Yes ☐ No ☐ Unknown

Chronic Lung Disease (asthma/emphysema/COPD)	☐Yes	☐No	☐Unknown	
Diabetes Mellitus	☐Yes	☐No	☐Unknown	
Cardiovascular disease	☐Yes	☐No	☐Unknown	
Chronic Renal disease	☐Yes	☐No	☐Unknown	
Chronic Liver disease	☐Yes	☐No	☐Unknown	
Immunocompromised Condition	☐Yes	☐No	☐Unknown	
Neurologic/neurodevelopmental/intellectual disability	☐Yes	☐No	☐Unknown	(If YES, specify) _____
Other chronic diseases	☐Yes	☐No	☐Unknown	(If YES, specify) _____
If female, currently pregnant	☐Yes	☐No	☐Unknown	
Current smoker	☐Yes	☐No	☐Unknown	
Former smoker	☐Yes	☐No	☐Unknown	

Respiratory Diagnostic Testing

Test	Pos	Neg	Pend.	Not done
Influenza rapid Ag ☐ A ☐ B	☐	☐	☐	☐
Influenza PCR ☐ A ☐ B	☐	☐	☐	☐
RSV	☐	☐	☐	☐
H. metapneumovirus	☐	☐	☐	☐
Parainfluenza (1-4)	☐	☐	☐	☐
Adenovirus	☐	☐	☐	☐
Rhinovirus/enterovirus	☐	☐	☐	☐
Coronavirus (OC43, 229E, HKU1, NL63)	☐	☐	☐	☐
M. pneumoniae	☐	☐	☐	☐
C. pneumoniae	☐	☐	☐	☐
Other, Specify:_____	☐	☐	☐	☐

Specimens for COVID-19 Testing

Specimen Type	Specimen ID	Date Collected	State Lab Tested	State Lab Result	Sent to CDC	CDC Lab Result
NP Swab			☐		☐	
OP Swab			☐		☐	
Sputum			☐		☐	
Other:			☐		☐	

SPECIFY LOCATION FOR SPECIMEN PICK UP:

_____

Additional State/local Specimen IDs: _____ _____ _____ _____ _____

Oklahoma State Department of Health
Public Health Laboratory
Healthcare Provider Guidance for Evaluation and Testing for COVID-19
March 24, 2020

Specimen Submission Criteria

There is a national shortage of COVID-19 test kits and reagents. To make the best use of laboratory testing resources, please only submit specimens to the OSDH PHL that are compatible with the criteria indicated in this OK-HAN. The OSDH PHL will not test specimens for patients who do not meet these criteria; these specimens will be unsat for testing.

Clinicians should submit specimens for patients who do not meet the criteria 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.

Collection of Swab Specimens

Refer to *Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease (COVID-2019)* https://www.cdc.gov/coronavirus/2019-nCoV/guidelines-clinical-specimens.html

- For initial COVID-19 diagnostic testing, CDC currently recommends collection of a single upper respiratory **nasopharyngeal (NP) swab** only.

  Note: *Collection of oropharyngeal swabs (OP) is a lower priority and if collected should be combined in the same tube as the NP. Collection of only OP swab is acceptable if other swabs are not available.*
  To conserve testing supplies and reagents, please ***use only a single swab per patient.***

- Submit ONE swab in viral transport medium (VTM), universal transport medium (UTM), M4 or equivalent.

  Note: *While the FDA has indicated that liquid Amies-based transport media (e.g., Copan E-Swab or Puritan Opti-Swab systems) or a dry swab in sterile saline could be used to collect and transport samples for COVID-19 testing, neither the CDC or the OSDH PHL have verified the performance characteristics of these collection devices. Therefore, until further guidance from the CDC is provided, the OSDH PHL cannot accept these specimens for use in the CDC test.*

  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.

- Specimens should be collected using only swabs with a synthetic fiber tip (e.g., nylon, Rayon, Dacron), and a plastic or aluminum shaft. Calcium alginate swabs are unacceptable and cotton swabs with wooden shafts are not recommended.

- **Collection**: Follow specimen collection device manufacturer instructions for proper collection 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.
- **Forms:**
  a. Complete the OSDH PHL *Test Requisition Form* (ODH 419).
    - Accessible in PHOCIS and PHIDDO. Also, a hardcopy is available at http://phl.health.ok.gov (Forms).
    - Information on the form must match identifiers used to label the specimen.
  b. Complete a *Human Infection with 2019 Novel Coronavirus Person Under Investigation (PUI) and Case Report Form* to ensure the testing criteria are met.
- **Submission to the OSDH PHL:**
  1. Review the Guidelines for Shipping Clinical Specimens Classified as a Biological Substance. Double-bag specimens or place in Category B box, as available.
  2. Submit specimen together with requisition form and PUI form as follows:
     a. **Hospitals and county health departments with routine OSDH PHL-contracted courier service**: Submit using the regular courier service currently provided to your facility.
     b. **Other sites**: Submit to your local county health department. Please, contact the county health department ahead of time to make sure the facility is open.

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).

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

Oklahoma State Department of Health
Public Health Laboratory
1000 N.E. 10th Street, Oklahoma City, OK 73117-1299
Tel: (405)271-5070; Fax: (405)271-4850
Email: PublicHealthLab@health.ok.gov
Test Directory: http://phl.health.ok.gov

Laboratory Director:
S. Terence Dunn, PhD

CLIA #: 37D0656594

Oklahoma State Department of Health
Creating a State of Health

*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)*

❑ Blood ❑ Serum ❑ Urine ❑ Stool ❑ CSF ❑ Pleural fluid ❑ Pericardial fluid ❑ Blood smears
❑ Sputum, expect. ❑ Sputum, induced ❑ Bronchial brush ❑ Bronchial wash ❑ Bronchoalveolar lavage ❑ Tracheal aspirate
☒ Nasopharynx ❑ Oropharynx ❑ Nasal wash ❑ Eye ❑ Rectum/anus ❑ Vagina ❑ Cervix
❑ Tissue *(specify)*: ❑ Wound/Lesion *(specify)*:
❑ Cultured isolate *(specify suspect agent)*: ❑ Environmental *(specify)*:
❑ 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/filariae: 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)*
COVID-19

Oklahoma State Department of Health
Creating a State of Health

Screening Template for COVID-19 Testing at the OSDH Public Health Laboratory

Symptoms

- Does the patient have a fever above 100.4°F and symptoms of acute respiratory illness? (e.g., cough, difficulty breathing)

  ☐ Yes

  ☐ No

AND

Risk Factors

☐ 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.

- **Specimens for patients who do not meet the Symptoms criteria AND at least one of the Risk Factors criteria above for testing will not be tested at the OSDH Public Health Laboratory.** Clinicians should seek testing at a reference laboratory for those not meeting the criteria above.
- Mildly ill (low grade fever, aches and pains, and dry cough) patients should be encouraged to stay home and contact their healthcare provider by phone for guidance about clinical management.