



## MEMO

**To:** Physicians, Nurse Practitioners, CDC nurses, Public Health Nurses, IPAC Practitioners, Emergency Departments, Urgent Care Units

**From:** Janice Fitzgerald, Chief Medical Officer of Health (Acting)

**Re:** COVID-19 Update

**Date:** March 13, 2020

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The Office of the Chief Medical Officer of Health, Department of Health and Community Services, in partnership with the Public Health Agency of Canada (PHAC), continues to monitor the developing COVID-19 pandemic. Screening guidelines are updated based on the most recent epidemiology. Please note that this is an evolving situation and guidance documents may change as we learn more about COVID-19.

There have been confirmed cases in multiple countries, including cases in Canada. There is community transmission in many countries. Most cases in Canada have been linked to travel or contact with a known case of COVID-19. **Always ask about travel history when people present with symptoms of fever and/or respiratory illness.**

### Recommendations for Testing

Individuals that have traveled outside of the country (including cruises) or have attended mass gatherings with international attendees within the last 14 days may be at risk. These individuals are advised to monitor for symptoms. If symptoms develop, they are advised to self-isolate and contact 811 for further direction.

Medical Officer of Health (MOH) approval is no longer required for COVID-19 testing for those patients who present to emergency departments and meet exposure criteria.

Individuals admitted to hospital with acute respiratory illness, whose health care providers feel need testing for COVID-19, regardless of exposure history, no longer require MOH approval for testing. Please note that all nasopharyngeal swabs for respiratory testing will automatically be tested for COVID-19. Only 1 nasopharyngeal swab is required for COVID-19 testing. There is no longer a requirement to also submit a throat swab.

### Reporting requirements

Please contact public health within your regional health authority at the numbers below to report a person who has exposure criteria for COVID-19.

Eastern Health: 1-709-752-3918

Central Health: 1-800-563-3690

Western Health: 1-709-649-5905

Labrador Grenfell Health: 1-709-899-6700



Those in acute or long-term care facilities are required to **immediately notify** Infection Prevention and Control (IPAC) of any suspect case in your facility.

Under the *Public Health Prevention and Promotion Regulations*, health care practitioners are required to report any cases of infection due to COVID-19 using the Notifiable Disease Notification Form.

### **Laboratory testing**

Please see the attached document *Interim Guidance for COVID-19 Virus specimen collection* from the Public Health and Microbiology Laboratory (PHML) for the appropriate procedures for specimen collection and transport. Questions can be directed to the Microbiologist on call at 709-777-6300.

For more information related to COVID-19 as well as screening tools for healthcare professionals, please visit the Department of Health and Community Services website.



# Newfoundland & Labrador

## PROVINCIAL PUBLIC HEALTH LABORATORY NETWORK

Dr. LA Miller Centre, 100 Forest Road, St. John's, NL A1A 3Z9 (709) 777-6583

[www.publichealthlab.ca](http://www.publichealthlab.ca)

### Interim Guidance for COVID-19 Virus specimen collection

This memorandum provides updated (as of March 12, 2020) interim guidance and is subject to change.

#### Request and submission for COVID-19 testing:

All nasopharyngeal swabs submitted will undergo respiratory panel testing that includes a screening target for COVID-19 along with the 11 other respiratory pathogens (Flu, RSV etc)

If your patient is a suspect case of COVID-19, please call public health in your regional health authority at the numbers below

Eastern Health: 1-709-752-3918

Central Health: 1-800-563-3690

Western Health: 1-709-649-5905

Labrador Grenfell Health: 1-709-899-6700

#### Specimen collection recommendation:

Specimen Type	Collecting Container	Comments
Upper respiratory tract: Nasopharyngeal (NP) swab	universal transport media (UTM)	There is a limited provincial supply currently
Lower respiratory tract (when possible): sputum, endotracheal aspirate, BAL, bronch wash, pleural fluid, lung tissue	Sterile container	

- Write on the requisition form clinical details such as: Respiratory symptoms, Onset date and Travel history/ contact history within 14 days of symptom onset

#### Preparation for Transport:

Pack and ship primary clinical specimens in accordance with the current Transportation of Dangerous Goods (TDG) regulations. Specimens should be stored at 2-8°C following collection and shipped to PHML on ice packs. For shipments expected to be delayed more than 72 hours,



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the specimens should be frozen at  $-70^{\circ}\text{C}$  (preferred; if  $-70^{\circ}\text{C}$  not available,  $-20^{\circ}\text{C}$  is acceptable) and shipped on dry ice.

#### **Test Methods:**

COVID-19 screening is done by an in-house test and until it is fully validated, all specimens are also referred out to the National Microbiology Laboratory (NML) in Winnipeg for confirmation.

#### **Reporting:**

Results are reported in Meditech to the ordering health care provider as indicated on the requisition, and positives are also notified to the MOH.

# Notifiable Disease Notification Form

<b>Report by telephone</b> <b>as soon as an occurrence is SUSPECTED</b> <b>Report in writing within 24 hours of the initial communication</b> <b>MOH on Call: 1-866-270-7437</b>
<input type="checkbox"/> Anthrax <input type="checkbox"/> Botulism <input type="checkbox"/> Creutzfeldt-Jakob Disease (CJD) <input type="checkbox"/> Diphtheria <input type="checkbox"/> Group A Streptococcal Disease, Invasive (IGAS) <input type="checkbox"/> Haemophilus Influenza type B Disease, Invasive (HIB) <input type="checkbox"/> Measles <input type="checkbox"/> Meningococcal Disease, Invasive <input type="checkbox"/> Plague <input type="checkbox"/> Rabies (includes animal bites from species known to carry Rabies e.g. bats, cats, dogs, farm and wild animals) <input type="checkbox"/> Severe Acute Respiratory Illness (SARI) <input type="checkbox"/> Smallpox <input type="checkbox"/> Tetanus <input type="checkbox"/> Tularemia <input type="checkbox"/> Viral Hemorrhagic Fevers (e.g. Ebola, Lassa, Marburg, Yellow Fever) <input type="checkbox"/> <b>All disease outbreaks, unusual disease clusters and unusual disease occurrences or features</b>

<b>Report in writing within 24 hours of diagnosis</b>
<input type="checkbox"/> Acute Flaccid Paralysis <input type="checkbox"/> Antimicrobial Resistant Organisms <input type="checkbox"/> Arbovirus* (e.g. La Crosse, West Nile, Zika virus) <input type="checkbox"/> Brucellosis <input type="checkbox"/> Clostridium Difficile <input type="checkbox"/> Chlamydia <input type="checkbox"/> COVID-19 <input type="checkbox"/> Food and Waterborne Illness* (e.g. Amoebiasis, <i>Campylobacter</i> , <i>Cryptosporidium</i> , <i>E. coli</i> , <i>Giardia</i> , <i>Listeria</i> , <i>Salmonella</i> ) <input type="checkbox"/> Gonorrhoea <input type="checkbox"/> Group B Streptococcal Disease of the Newborn <input type="checkbox"/> Haemophilus Influenza Non-B Disease, Invasive <input type="checkbox"/> Hantavirus Pulmonary Syndrome <input type="checkbox"/> Hepatitis A, B, C, and Unspecified Hepatitis <input type="checkbox"/> Human Immunodeficiency Virus (HIV) <input type="checkbox"/> Influenza (laboratory-confirmed only) <input type="checkbox"/> Legionellosis <input type="checkbox"/> Leprosy <input type="checkbox"/> Louse or Tickborne Diseases* (e.g. Babesiosis, Lyme, Powassan) <input type="checkbox"/> Malaria <input type="checkbox"/> Mumps <input type="checkbox"/> Pertussis <input type="checkbox"/> Poliomyelitis <input type="checkbox"/> Q fever <input type="checkbox"/> Rubella (including Congenital Rubella Syndrome) <input type="checkbox"/> Syphilis (including Congenital Syphilis) <input type="checkbox"/> Tuberculosis

<b>Report in writing within 7 days of diagnosis</b>
<input type="checkbox"/> Chancroid <input type="checkbox"/> Pneumococcal Disease, Invasive <input type="checkbox"/> Varicella

Client Information	
Name	
Address	
MCP/HCN	
Phone Number	Phone (Home): Phone (Cell):
DOB (dd/mm/yyyy)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse <input type="checkbox"/> Unknown
Pregnancy Status	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

Disease Details	
How was the disease identified?	<input type="checkbox"/> Clinical presentation <input type="checkbox"/> Contact Tracing Follow-up <input type="checkbox"/> Screening
Is the client hospitalized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If yes, specify hospital and unit	

Reporting Health Care Provider Details	
Name	
Clinic Name	
Phone Number	
Date (dd/mm/yyyy)	

Additional Comments

Regional Contacts		
Notifiable diseases are to be reported to the Regional Medical Officer of Health (MOH) <u>or</u> regional Communicable Disease Control Nurse <u>or</u> in acute and long-term care situations, Infection Control Practitioner.		
<b>Eastern Health</b> Mount Pearl Square 760 Topsail Road Mount Pearl, NL, A1N 3J5 (P) 709-752-3918 (F) 709-752-4873	<b>Central Health</b> Health Protection Division 125 TransCanada Hwy Gander, NL A1V 1P7 (P) 709-651-6238 (F) 709-651-6483	<b>Western Health</b> 1 Brookfield Road P.O. Box 2005 Corner Brook, NL, A2H 6J7 (P) 709-784-5417 (F) 709-637-5160
<b>Labrador-Grenfell Health (North)</b> P.O. Box 7000, Station A Happy Valley Goose Bay, NL A0P 1C0 (P) 709-897-3110 (F) 709-896-4393	<b>Labrador-Grenfell Health (South)</b> Mission Store 178-200 West Street St. Anthony, NL, A0K 4S0 (P) 709-454-0375 (F) 709-454-4978	
<b>MOH on Call: 1-866-270-7437</b>		