



**New Jersey Department of Health**  
**Surveillance Criteria and Testing for Novel Coronavirus 2019 (COVID-19)**

Protocol for Healthcare Providers and Local Health Departments

March 13, 2020

Testing for SARS-CoV-2 is available both commercially and through the NJ State Public Health and Environmental Laboratory (PHEL). If a test is ordered commercially, no approval process is required. While we expect additional capacity to come online, testing resources are currently limited. Clinicians should use their best clinical judgement to determine if a test is necessary, taking into account that individuals who are not at high risk for adverse outcomes will not see a clinical benefit as their treatment will be the same, regardless of the test result.

***IMPORTANT NOTE – As this is an evolving situation, always refer to the links provided at the end of this document for up to date information.***

**RECOMMENDATION FOR HEALTHCARE PROVIDERS**

1. Asymptomatic patients (“worried well”) should be treated as per usual practice. SARS-CoV-2 testing is not recommended.
2. Screening of symptomatic patients:
  - a. Whenever possible, initial screening of symptomatic patients should be done via phone or other electronic means. If evaluated in your office, symptomatic patients should be given a mask upon presentation and escorted to a private room with a closed door.
  - b. Determine the patient’s risk for exposure to SARS-CoV-2:
    - i. Travel to an area with a CDC level 3 travel advisory,
    - ii. **Close** contact to a **known** individual with COVID-19.
  - c. Determine risk factor for serious disease:
    - i. Age >65, other serious underlying medical conditions.
  - d. Determine if illness would put public health at greater risk:
    - i. Healthcare workers, individuals providing care or services to vulnerable populations.
  - e. Determine whether patient needs to be further evaluated in person.
2. Symptomatic patients that are determined to be medically stable, can remain home and be advised to self-isolate for 72 hours after resolution of fever with significant improvement in respiratory symptoms (including cough). Advise patients that self-isolation includes isolation from others in the home as much as possible. Carefully consider the clinical need for testing in these individuals. Testing will not change medical management. Household contacts who develop symptoms should follow the same guidance outlined here.
3. Symptomatic patients who need to be further evaluated should be instructed to come to your office. Those who you determine need a higher level of care, should be referred to the Emergency Department (ED) after being informed of the referral by your office. For those patients you discharge home who do not meet one of the criteria listed in #2 above, testing for SARS-CoV-2 is not routinely recommended.

4. When possible, have symptomatic patients come to the office at the end of the day, mask and isolate the patient upon arrival, and place patient in a private room with a closed door. Medical providers should wear appropriate personal protective equipment (PPE). The Centers for Disease Control and Prevention and the Occupational Safety and Health Administration (OSHA) recommend that healthcare workers wear:
  1. Gown
  2. Gloves
  3. Eye/face protection (e.g., goggles, face shield)

National Institute for Occupational Safety and Health (NIOSH)-certified, disposable N95 or better respirators. Surgical masks are an acceptable alternative when the supply chain of respirators cannot meet the demand so long as procedures that are likely to generate respiratory aerosols are not being performed – this may be the case for many facilities. Collection of NP sample is not considered to be aerosol generating.

Please be mindful that referring patients to the Emergency Department solely to be tested for SARS-CoV-2 places a strain on the system and thoughtful consideration should take place before making this referral.

**Also - Please:**

- **Do Not – advise patients to call the 24-hour public hotline (1-800-222-1222) for clinical questions or information on where to be tested.**
- **Do Not – have patients call the local or state health departments for information on where to be tested.**
- **Do Not – refuse to evaluate or care for your patients.**

### **TESTING CONDUCTED AT COMMERCIAL/CLINICAL LABORATORIES**

An increasing number of commercial and clinical laboratories have the ability to conduct testing for SARS-CoV-2. Standard ordering practices can be used for testing patients that have signs or symptoms compatible with COVID-19 at commercial/clinical laboratories. **No approval is needed from NJDOH or local health departments to conduct this testing.** As indicated above, healthcare providers should carefully consider the clinical need for testing. Healthcare providers should follow infection prevention and control recommendation when collecting specimens and following instructions provided by the commercial/clinical laboratory for storage, shipping and handling instructions.

### **TESTING CONDUCTED AT NEW JERSEY PUBLIC HEALTH AND ENVIRONMENTAL LABORATORY (NJPHL)**

While a large portion of the testing demand is being met by commercial and clinical laboratories, testing at the NJPHL will also continue. Testing, however, will be prioritized for vulnerable populations at greatest risk for adverse outcomes, those in high-risk professions, and testing associated with public health investigations.

A modified approval process (described below) has been developed and should be followed before sending specimens to PHL but the following criteria will be used to guide testing at NJPHL and others will be considered on a case-by-case basis:

- Any individuals requiring hospitalization with fever and signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)
- Any individuals with fever and signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath) who work in a high-risk profession including but not limited to healthcare providers providing direct patient care or individuals providing care or services to vulnerable populations who have close contact with a known laboratory confirmed case.
- Any individuals with fever and signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath) in individuals located in residential settings like nursing homes and other long-term care facilities
- Ill individuals associated with clusters or outbreaks as identified by state/local health agencies

\*Close contact is defined as: a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case – or – b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on), if such contact occurs while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection)

## **NJPHEL APPROVAL PROCESS**

NJDOH will no longer be approving specimens tested at PHEL. Facilities should use CDRSS to enter cases they are requesting testing on at PHEL. All acute care facilities should have individuals trained to use CDRSS for disease reporting. Outpatients setting likely do not have access to CDRSS and local health departments should assist with this approval.

- Acute care facilities
  - Enter the case into CDRSS as Disease “NOVEL CORONAVIRUS” and subgroup “2019 NCOV”
  - Complete PUI section, add medical facility or treating provider, and signs and symptoms
  - In the LABORATORY AND DIAGNOSTIC TEST INFORMATION section add the test “SARS COROAVIRUS 2 RNA BY PCR” and add “NJPHEL” to the lab name
  - After submission of information into CDRSS, record CDRSS number
  - The submitting facility should complete the SRD-1 form (available at <http://www.state.nj.us/health/forms/srd-1.dot>) and include the CDRSS number in the CDS Case Number box
  - Include the clinical information in the “Pertinent Clinical Information” box which would make this specimen a priority for testing at PHEL
- Outpatient facilities
  - Should contact the local health department
  - The LHD should follow procedure above for approving specimens

## **INFECTION PREVENTION AND CONTROL**

Healthcare providers should review CDC guidance on infection control and prevention. The document entitled “Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings” can provide guidance to be used when evaluating an individual suspected of having COVID-19. This guidance can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>.

*This above referenced link also outlines steps that can be taken if recommended personal protective equipment is not available or is in short supply. Please refer to this guidance document in these circumstances.*

The below is an excerpt from this document and describes steps for specimen collection. When collecting diagnostic respiratory specimens (e.g., nasopharyngeal swab) from a possible COVID-19 patient, the following should occur:

- Health care Personnel in the room should wear an N-95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown.
- The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for specimen collection.
- Specimen collection should be performed in a normal examination room with the door closed.
- Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control below.

## **COLLECTION AND TRANSPORT OF CLINICAL SPECIMENS**

The New Jersey Public Health and Environmental Laboratories (PHEL) will continue to test high-risk individuals meeting the criteria mentioned above for SARS-CoV 2. CDC recommends collection of one nasopharyngeal (NP) swab. Specimens should be collected as soon as possible once a suspect case is identified, regardless of the time of symptom onset – although within 7 days of symptom onset is ideal. If a bronchoalveolar lavage is performed, these specimens should be collected as well.

Additional information on specimen collection, handling and testing is available at:

<https://www.nj.gov/health/phel/>

<https://www.cdc.gov/coronavirus/2019-nCoV/guidelines-clinical-specimens.html>

<https://www.cdc.gov/coronavirus/2019-nCoV/lab-biosafety-guidelines.html>

Appropriate infection control procedures should be followed when collecting samples and can be found at: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>

### **Shipping**

Additional information regarding shipping and packaging instructions is available on the NJDOH PHEL website at: <https://www.nj.gov/health/phel/>. The SRD-1 form (available at <http://www.state.nj.us/health/forms/srd-1.dot>) should be completely filled out for **each** specimen that is sent. Label the *vial containing the specimen* with patient’s first and last name, date of

birth, medical record number, date of collection, and specimen type. Incorrectly labeled samples may be denied for testing. Specimens will be tested in the order they are received but those that are identified to be part of a cluster will be prioritized.

## Results

Results can be expected within 48 hours after the specimens are received at PHEAL. This timeframe is not from the time the specimen has been shipped. The timeframe may be longer if laboratory encounters issues with specimens processing.

Please refer to the following guidelines for instructions on packaging and shipping specimens to PHEAL: <https://www.nj.gov/health/phel/documents/Bulletins/Supplemental%20Bulletin%202020.1.3%20SARS-CoV-2%20Testing%20at%20PHELV3.pdf>

If you have questions or need assistance with specimen selection, collection, packaging or shipping, please contact the NJ Public Health and Environmental Laboratory Virology program at: Tel: (609)-530-8516 or email: [Virology.PHEAL@doh.nj.gov](mailto:Virology.PHEAL@doh.nj.gov)

### **Courier instructions for weekday business hours (8:00 am to 4:30 pm):**

#### **GPS address for NJ State Police HQ is 1040 River Road, Ewing, NJ.**

After going through the main gate, follow the PHEAL signs that will lead you uphill and drive to the back of the 5-story gray glass laboratory building. The security guard will raise the barrier. Proceed to the loading dock area, go through the double doors, and from the telephone on the left wall call the number posted and a specimen receiving staff will come to accept the specimens.

### **Courier instructions for after hours:**

#### **GPS address for NJ State Police HQ is 1040 River Road, Ewing, NJ.**

After going through the main gate, follow the PHEAL signs that will lead you uphill and drive to the back of the 5-story gray glass laboratory building. The security guard will raise the barrier. Proceed to the loading dock area, go through the double doors, and place the box containing the specimens into the double door refrigerator directly on your left. If the refrigerator is full, put the specimens in the outside double door refrigerator adjacent to the double doors. No specimen receiving staff will be present to sign any receipt documents; yet there will be 24/7 video monitoring tape that will show evidence of the drop-off.”

Please email the Virology group at [Virology.PHEAL@doh.nj.gov](mailto:Virology.PHEAL@doh.nj.gov) with the CDRSS # and the estimated delivery time of the specimens. All results will be sent to the submitter by fax via our Laboratory Information Management System when the results are available.

## **NOTIFICATION**

### **Healthcare Providers**

Providers receiving positive laboratory results on a case of COVID-19 should contact the local health department (LHD) where the patient resides. If the patient residence is unknown, report to your own local health department. Local health departments are available 24/7/365. Contact information for local health departments can be found at: [www.localhealth.nj.gov](http://www.localhealth.nj.gov)

### **Local Health Departments**

When a LHD receives a report regarding a patient with a positive COVID-19, a complete investigation should be conducted including the tracing of all close contacts. Relevant information should be added to the CDRSS record.

## **REFERENCES**

- NJDOH – General Information Page
  - <https://www.nj.gov/health/cd/topics/ncov.shtml>
- CDC – General Information Page
  - <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- CDC – Information on Infection Control in Health Care Setting
  - <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>
- CDC – Information for Laboratories
  - <https://www.cdc.gov/coronavirus/2019-nCoV/guidance-laboratories.html>
- CDC - Hospital Preparedness Checklist
  - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/hcp-hospital-checklist.html>
- CDC - Healthcare Providers Preparedness Checklist
  - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/hcp-personnel-checklist.html>
- EPA guidance on Emerging Viral Pathogens
  - [https://www.epa.gov/sites/production/files/2016-09/documents/emerging\\_viral\\_pathogen\\_program\\_guidance\\_final\\_8\\_19\\_16\\_001\\_0.pdf](https://www.epa.gov/sites/production/files/2016-09/documents/emerging_viral_pathogen_program_guidance_final_8_19_16_001_0.pdf)