



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

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Division of Public Health

July 6, 2020 (replaces version dated June 9, 2020)

To: All North Carolina Clinicians and Laboratories  
From: Zack Moore, MD, MPH, State Epidemiologist  
Scott Shone, PhD, HCLD (ABB), Public Health Laboratory Director  
Re: Coronavirus Disease 2019 (4 pages)

This memo updates previous guidance shared on June 9, 2020. It is intended to provide the latest information to all North Carolina clinicians and laboratory staff regarding the Coronavirus Disease 2019 (COVID-19). Please read thoroughly as there are several updates, including:

- Added link to [Steps for People to Take After COVID-19 Testing \(Spanish\)](#) for patients undergoing testing due to symptoms or known or a suspected exposure.

North Carolina's response to COVID-19 will continue to rapidly evolve. The most up-to-date information and guidance can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/index.html> and <https://covid19.ncdhhs.gov/>.

Background:

North Carolina is experiencing increased community transmission of COVID-19 in many areas of the state. We are seeing increased cases among our historically marginalized populations, especially among our LatinX community. Pre-symptomatic and asymptomatic spread is playing an important role.

Community mitigation strategies have been eased to allow resumption of activities and there have been more mass events/gatherings in the state, thus leading to more opportunities for transmission. **Increased testing, including for those without symptoms, expanded contact tracing, and adherence to control measures like self-isolation and quarantine, are important to control viral transmission across the state.**

Laboratory Testing:

**Clinicians should conduct or arrange for diagnostic COVID-19 testing for:**

- Anyone with symptoms suggestive of COVID-19<sup>1</sup>
- Close contacts of known positive cases, regardless of symptoms
- The following groups are some of the populations with higher risk of exposure or a higher risk of severe disease if they become infected. People in these groups should get tested if they believe they may have been exposed to COVID-19, whether or not they have symptoms.
  - People who live in or have regular contact with high-risk settings (e.g., long-term care facility, homeless shelter, correctional facility, migrant farmworker camp)
  - Historically Marginalized populations who may be at higher risk for exposure

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- Frontline and essential workers (grocery store clerks, gas station attendants, child care workers, construction sites, processing plants, etc.) in settings where social distancing is difficult to maintain
- Health care workers or first responders (e.g. EMS, law enforcement, fire department, military)
- People who are at high risk of severe illness (e.g., people over 65 years of age, people of any age with underlying health conditions)
- People who have attended protests, rallies, or other mass gatherings could have been exposed to someone with COVID-19 or could have exposed others. Testing should be considered for people who attended such events, particularly if they were in crowds or other situations where they couldn't practice effective social distancing.

Guidance on setting up community-based testing for Historically Marginalized Populations is available at <https://files.nc.gov/covid/documents/Community-Testing-Guidance.pdf>

Resources and linkage to medical services should be provided for people needing care if the testing organization is not the person's provider.

#### Personal Protective Equipment and Specimen Collection Supplies

- Providers should consider specimen collection strategies that preserve personal protective equipment if possible, such as having a dedicated team, practice site, or testing center that performs sample collections.
- Testing sites should use drive-thru testing, when possible, to minimize exposure to testing teams and others presenting to the event and can be safely provided, but all sites should allow for walk-up option as well for those without personal transportation.
- Providers should make every attempt to order needed PPE and specimen collection supplies through regular supply chains.
- If after implementing and exhausting all ordering options and conservation measures your health care agency or facility is in critical need of PPE supplies, you may request PPE through this Health Care Partners [PPE request form](https://covid19.ncdhhs.gov/information/health-care/requesting-ppe) available at <https://covid19.ncdhhs.gov/information/health-care/requesting-ppe>
- If your agency or facility is in critical need of specimen collection supplies, you may request supplies through this Specimen Collection [Supplies Request Form](https://covid19.ncdhhs.gov/information/health-care/requesting-specimen-collection-supplies) available at <https://covid19.ncdhhs.gov/information/health-care/requesting-specimen-collection-supplies>.

Testing to detect SARS-CoV-2 (the virus causing COVID-19) is available through a variety of commercial laboratories, health system laboratories, and the North Carolina State Laboratory of Public Health (NCSLPH). Testing through commercial and health system labs should be conducted according to their protocols. Testing through the NCSLPH is available for prioritized populations. Clinicians can submit specimens to NCSLPH for persons with symptoms compatible with COVID-19<sup>1</sup> who are in one of the following six categories:

1. Hospitalized patients;
2. Healthcare workers or first responders;
3. Persons who live in or have regular contact with a high-risk setting<sup>2</sup>;
4. Persons who are at higher risk of severe illness and for whom a clinician has determined that results would inform clinical management;
5. Uninsured patients; and
6. Post-mortem specimens from patients in whom COVID-19 was suspected but not confirmed prior to death<sup>3</sup>.

To discuss testing through SLPH for patients not meeting any of these criteria, contact the Division of Public Health epidemiologist on-call line at 919-733-3419.

In order to systematically monitor COVID-19 virus activity in North Carolina, NCSLPH will also perform testing on surveillance specimens submitted from sites participating in the NC Influenza-like Illness Surveillance Network (ILINet).

SLPH laboratory guidance, including guidance for specimen collection and shipping, is available at <https://slph.ncpublichealth.com/bioterrorism/2019-ncov.asp>.

Clinicians should review and provide the [Steps for People to Take After COVID-19 Testing \(Spanish\)](#) to all patients undergoing testing due to symptoms or known or a suspected exposure and should establish a clear plan with patients to inform them of their results. If the result is positive, further public health actions including isolation and contact tracing will be taken in coordination with the local health department.

If patients were tested but have no symptoms and no known exposure to someone with COVID-19 (for example, as part of a workplace screening program), they do not need to stay home while waiting results unless told to do so by an employer or by public health.

Per current [CDC guidance](#), serologic testing can be offered as a method to support diagnosis of acute COVID-19 illness for persons who present late. For persons who present 9-14 days after illness onset, serologic testing can be offered in addition to recommended direct detection methods such as polymerase chain reaction. Serologic testing should be offered as a method to help establish a diagnosis when patients present with late complications of COVID-19 illness, such as multisystem inflammatory syndrome in children. Serologic testing should not be used to determine immune status in individuals until the presence, durability, and duration of immunity is established.

#### Clinical Assessment and Management

- Clinicians should encourage their patients to call if they have medical concerns before seeking care in-person.
- Clinicians should use, to the extent possible, telehealth/televideo and telephone triage to assess clinical status of patients with respiratory illnesses. Telehealth/televideo and telephone triage are critical tools to allow patients with mild symptoms to have safe access to appropriate assessment, clinical guidance and follow up, and self-care information, while preventing further spread of COVID-19 or exposing patients to COVID-19 in a medical setting.
- Telehealth is broadly being covered at parity for most patients with private insurance, Medicare and Medicaid and therefore should be used whenever clinically appropriate in lieu of face-to-face encounters.
- Clinicians should use their judgment to determine if a patient has mild signs and symptoms compatible with COVID-19 (e.g., fever and cough) or more severe symptoms requiring in-person medical care (e.g. shortness of breath, difficulty breathing, chest discomfort, altered thinking, cyanosis).
- Most people with COVID-19 have mild illness and can recover at home without medical care, consistent with [guidance](#) from the Centers for Disease Control and Prevention.
- Patients should be counseled to call if they have worsening signs or symptoms of respiratory illness (e.g. increasing fever, shortness of breathing, difficulty breathing, chest discomfort, altered thinking, cyanosis).
- Patients in [high risk categories for clinical severity](#) (e.g., 65 year and older, chronic lung disease or moderate to severe asthma, heart disease, severe obesity BMI > 40, other underlying poorly controlled chronic health conditions such as diabetes, renal failure, liver disease, and immunocompromised) should have more frequent follow up to assess clinical status. Pregnant women should be monitored closely as they are known to be at risk with severe viral illness. However, pregnant women have not been shown to be at increased risk for severe illness with COVID-19 to date.
- While children are generally at lower risk for severe illness, some studies indicate a higher risk among infants.
- **Escalating medical care should occur if symptoms worsen.**

Through an agreement with NC DHHS, Community Care of North Carolina, Inc. (CCNC) has established a [toll-free helpline](#) (877-490-6642) aimed at answering your patients' COVID-19 questions and helping them find the care they need. CCNC will staff this helpline from 7:00 a.m. to 11:00 p.m., seven days a week. The epidemiologist on-call line (919-733-3419) is available for clinicians and local health departments needing consultation.

#### Reporting

- Effective February 3, 2020, physicians and laboratories in North Carolina are required to immediately report suspected or confirmed cases of novel coronavirus infection to state or local health departments via telephone or facsimile of basic contact information of the case.
- Effective March 23, 2020, physicians in North Carolina are required to report any COVID-19-associated death within 24 hours.
- Any cluster of severe acute respiratory illness in healthcare workers in North Carolina should prompt immediate notification of local or state public health for further investigation and testing.

#### Non-Congregate Sheltering and Wrap-Around Services

North Carolina has received [approval](#) from the Federal Emergency Management Agency (FEMA) to provide non-[congregate housing alternatives](#), such as hotels, motels, and dormitories, for North Carolinians with unstable housing who may need to quarantine in response to or are at high-risk for severe illness from COVID-19.

#### Additional Information for Healthcare Providers

- The most current information on testing and testing resources is available at <https://covid19.ncdhhs.gov/about-covid-19/testing>.
- The most current recommendations regarding [infection prevention](#), [therapeutic options](#) and other topics are available at <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>.
- Many medications being evaluated for effectiveness in treating or prevention COVID-19 are FDA approved to treat other serious diseases, such as tuberculosis, HIV, and autoimmune conditions. It is important that those medications remain available to treat the conditions for which they are FDA approved. The [North Carolina Board of Pharmacy](#) and the [North Carolina Board of Medicine](#) have passed emergency rules that create a list of “restricted drugs” to ensure continued availability of these medications.

#### COVID-19 Resources

- Additional information and resources for providers and the public are available at <https://covid19.ncdhhs.gov/>.
- Providers needing consultation can call the epidemiologist on call at 919-733-3419
- Members of the public should call 2-1-1 or 888-892-1162 or text COVIDNC to 898211.
- Providers and patients can utilize NCCARE360 to identify and connect to medical and non-medical health related resources <https://nccare360.org/>

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<sup>1</sup> People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19: Cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, new loss of taste or smell. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea.

<sup>2</sup> Testing at SLPH for asymptomatic residents or staff in congregate living facilities with cases or outbreaks of COVID-19 can be considered on a case-by-case basis in consultation with local and state public health if other testing options are not available.

<sup>3</sup> Post-mortem testing is not routinely requested by NC DHHS but is available for situations in which a clinician has deemed such testing appropriate and if supplies for specimen collection and transport are available. Supplies for specimen collection and transport of post-mortem specimens are available through NCSLPH via local health departments. Post-mortem specimens must be collected within 72 hours of death.