



## CITY OF SAN ANTONIO

March 16, 2020

Dear Colleague:

Here is how to access COVID-19 testing for your patients. As more private labs come online, we encourage you to use those preferentially, to conserve our limited communitywide supply at the San Antonio Metropolitan Health District (Metro Health). Please do not send people to the ED for testing if they do not need emergency medical care.

**Testing criteria** are below. Metro Health will review and adjust criteria based on changing community conditions.

1) Clinical Features	&	Epidemiologic Risk
Fever <sup>1</sup> <b>or</b> signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	<b>AND</b>	Any person, who has had close contact <sup>3</sup> with a laboratory-confirmed <sup>4</sup> 2019-nCoV patient within 14 days of symptom onset.
Fever <sup>1</sup> <b>or</b> signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	<b>AND</b>	Health care workers and first responders <sup>2</sup> who have had close contact <sup>3</sup> with a strongly suspected 2019-nCoV patient within 14 days of symptom onset.
Fever <sup>1</sup> <b>and</b> signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath), <b>AND</b> other respiratory illness has been excluded (e.g., influenza).	<b>AND OR</b>	Risk factors that put the individual at high risk of poor outcomes. <sup>5</sup>  Travel to a geographic area with sustained community transmission
Fever <sup>1</sup> with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza). Clinicians are strongly encouraged to test for other respiratory illness (e.g., influenza).	<b>AND</b>	No source of exposure has been identified

<sup>1</sup>Fever may be subjective or confirmed

<sup>2</sup>For healthcare personnel and first responders, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel. Additional information is available in CDC's [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 \(COVID-19\)](#).

<sup>3</sup>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), criteria for PUI consideration are met. Additional information is available in CDC's updated [Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings](#).

Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to healthcare personnel exposed in healthcare settings as described in CDC's [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19](#).

<sup>4</sup>Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for COVID-19 patients in other countries.

<sup>5</sup>Category includes single or clusters of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS) of unknown etiology in which COVID-19 is being considered.



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**PPE guidance** for nasopharyngeal specimen collection is [here](#). Highlights:

- While an N-95 respirator is preferred, a facemask can be used if a respirator is not available.
- Eye protection, gloves, and a gown are recommended.
- Specimen collection can be performed in a normal examination room with the door closed.

[Evidence to date](#) on surgical masks vs. respirators does not show a significant advantage for respirators. Medical offices can reduce risk by limiting staff present during the procedure, standard cleaning and disinfection, and alternate workflows including meeting a patient outdoors or in their vehicle. For national guidance for rational use of PPE, click [here](#).

### **Specimen collection:**

*Pre-approval is required for all test specimens.* Please call Epidemiology at 210-207-8876 (24-7) for pre-approval and information on required forms. You may request a test kit from Metro Health or use a universal viral transport medium, such as for herpes PCR, and a synthetic fiber swab (i.e., Dacron) with a plastic shaft. Do not use cotton tip swabs with a wooden shaft. More: [COVID-19 Specimen Collection and Submission Instructions](#). Please note that two forms are required, a DSHS G-2V Virology Specimen Submission Form (obtained from Metro Health) and a [CDC COVID-19 PUI and Case](#) Report form.

**Recommend self-quarantine** at home for symptomatic patients who are awaiting test results. Patient info [here](#).

**If a patient tests positive at an outside lab**, [report immediately](#) to public health. Current practice in the U.S. is to obtain two consecutive negative tests at least 24 hours apart before ending self-quarantine. You can begin this testing when a patient is symptom-free off medications for 48 hours.

**We have added nurses to the phone bank** at our public COVID hotline, 210-207-5779, to reduce calls to your offices and help you conserve PPE. Information for the public and health professionals also can be found at [sanantonio.gov/covid19](http://sanantonio.gov/covid19). *Thank you for your hard work, patience & flexibility in this rapidly evolving situation.*

Sincerely,

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P.S. Metro Health now offers health alerts by text. If interested, text DOCALERT to 55000. **Summary Terms & Conditions:** Mobile text messages are intended for subscribers over the age of 18 and are delivered via USA short code 55000. You may receive up to **4 message(s) per month for text alerts. Message and data rates may apply.** This service is available to persons with text-capable phones subscribing to carriers including AT&T, Verizon Wireless, T-Mobile®, Sprint, Virgin Mobile USA, Cincinnati Bell, Centennial Wireless, Unicel, U.S. Cellular®, and Boost. For help, text **HELP** to 55000, email [junda.woo@sanantonio.gov](mailto:junda.woo@sanantonio.gov), or call +1 2102075738. You may stop your mobile subscription at any time by text messaging **STOP** to short code 55000.