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To: Healthcare Providers

From: Catherine M. Brown, DVM, MSc, MPH, State Epidemiologist
Larry Madoff, MD, Medical Director
Sandy Smole, PhD, Director, State Public Health Laboratory

Date: March 13, 2020

RE: Testing of Persons with Suspect COVID-19 through the Massachusetts State Public Health Laboratory

Massachusetts has now begun to see some initial evidence of community spread of COVID-19 and the Department of Public Health (DPH) has made recommendations consistent with a transition into the community mitigation phase of the response. In addition, several commercial laboratories have begun offering testing for COVID-19 although their capacity is still being ramped up. As a result of these changes, DPH has made some changes in testing prioritization which are summarized below. These are based on the CDC's current person under investigation (PUI) criteria but DPH is providing some additional clarity/guidance based on the current epidemiologic situation in Massachusetts.

Priorities for testing at the Massachusetts State Public Health Laboratory are aimed at identifying places where public health action could be used to slow the transmission of disease and to protect:

- Individuals at increased risk for severe illness.
- The healthcare and critical infrastructure workforces.

DPH is asking healthcare providers to assist us by applying the criteria listed below. **When collecting a specimen from a patient that meets the DPH criteria 1-6, it is not necessary to call for testing approval prior to submission. Please provide sufficient information on the MA SPHL specimen submission form so that they reason for testing is clear. If this information is lacking, testing may be delayed.**

Patients in DPH criteria 7 and 8 should be tested through commercial reference laboratories or other laboratories as they become available.

People being tested for COVID-19 infection should be told to self-isolate at home pending test results.

This guidance is not intended to cover every possible situation that a healthcare provider may encounter. To discuss specific scenarios that may warrant testing, please call the Massachusetts Department of Public Health at 617-983-6800 available 24/7).

A single NP swab should be submitted: dual swabs (OP and NP) are no longer indicated. For complete information on specimen collection and submission, please review the [COVID-19 State Public Health Laboratory FAQ](#).

**PATIENTS IN CATEGORIES 1-6 SHOULD BE TESTED THROUGH THE MASSACHUSETTS STATE
PUBLIC HEALTH LABORATORY**

EPIDEMIOLOGIC OR OCCUPATIONAL RISK ¹		CLINICAL FEATURES ²
<u>CATEGORY 1</u> Healthcare providers and EMTs who have worked in direct clinical care while symptomatic	AND	Fever <u>or</u> signs/symptoms of respiratory illness <ul style="list-style-type: none"> even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel. Influenza should be ruled out prior to testing for COVID-19
<u>CATEGORY 2</u> Close contacts of confirmed COVID-19 cases who were present in congregate settings (example: school) while symptomatic AND who had close contact with numerous others <ul style="list-style-type: none"> Being in a public setting while symptomatic but without prolonged close contact to others does NOT meet this criteria 	AND	Fever <u>or</u> signs/symptoms of lower respiratory illness (e.g. cough, shortness of breath) <ul style="list-style-type: none"> Influenza should be ruled out prior to testing for COVID-19
<u>CATEGORY 3</u> Hospitalized patients with fever and <u>severe</u> acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanation (negative results on a respiratory viral panel, other infectious disease testing as appropriate). A compatible exposure history (travel or contact with a confirmed case) is not required.		Clinical features that may increase suspicion of COVID-19 include: <ul style="list-style-type: none"> infiltrative process on chest x-ray (e.g., bilateral infiltrates consistent with viral pneumonitis). bilateral ground-glass opacities on chest CT unexplained lymphocytopenia or thrombocytopenia
<u>CATEGORY 4</u> Clusters of acute respiratory illness in congregate settings (e.g., Long-term care facilities, shelters, prisons)		3 or more individuals with fever and signs/symptoms of a lower respiratory illness (e.g., cough, shortness of breath, pneumonia) <ul style="list-style-type: none"> Minimally, influenza should be ruled out prior to testing for COVID-19 Negative results from a respiratory viral panel are preferred
<u>CATEGORY 5</u> Close contacts of confirmed COVID-19 cases who were NOT present in congregate settings (example: school) while symptomatic AND close contacts are largely restricted to household members	AND	Fever and signs/symptoms of a lower respiratory illness (e.g., cough, shortness of breath, pneumonia) <ul style="list-style-type: none"> Minimally, influenza should be ruled out prior to testing for COVID-19 Negative results from a respiratory viral panel are preferred
<u>CATEGORY 6</u> People with a history of travel from an international geographic area designated for Level 3 travel restrictions within 14 days of symptom onset. For current locations: https://wwwnc.cdc.gov/travel/notices)		Fever and signs/symptoms of a lower respiratory illness (e.g., cough, shortness of breath, pneumonia) AND hospitalization not required <ul style="list-style-type: none"> Minimally, influenza should be ruled out prior to testing for COVID-19 Negative results from a respiratory viral panel are preferred

PATIENTS IN CATEGORIES 7 AND 8 SHOULD BE TESTED THROUGH COMMERCIAL LABORATORIES AND SPECIMENS SHOULD NOT BE SENT TO THE MASSACHUSETTS STATE PUBLIC HEALTH LABORATORY

<p><u>CATEGORY 7</u> People with a history of travel from an international geographic area designated for Level 3 travel restrictions OR to a location within the United States that has known community transmission within 14 days of symptom onset</p> <p>For current locations with Level 3 travel restrictions: https://wwwnc.cdc.gov/travel/notices)</p> <p>Locations within the United States with known community transmission as of March 12, 2020 include: Seattle/King County Washington, Westchester County, New York, and Solano County, California</p>		Fever OR mild to moderate respiratory illness NOT meeting the criteria listed above
<p><u>CATEGORY 8</u> Other symptomatic individuals for whom knowledge of COVID-19 infection is medically indicated including older individuals and those with co-morbidities</p>		Fever OR mild to moderate respiratory illness

¹Close 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) while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection).

²Fever may be subjective or confirmed