Coronavirus Disease 2019 (COVID-19) Outbreak, Update # 8
Updates on COVID-19 Testing and Reporting

Key Points and Recommendations:

1. New Hampshire Division of Public Health Services (DPHS) has identified 17 cases of COVID-19 in New Hampshire. Updated testing numbers can be found on our website.

2. Testing for COVID-19 is available both through our NH Public Health Laboratories (PHL) and various commercial laboratories (e.g., NorDx, Quest, LabCorp). Healthcare providers must collect a nasopharyngeal (NP) swab for testing at the NH PHL. Please visit commercial laboratory websites for their specimen collection requirements.

3. Providers should evaluate their symptomatic patients (ideally by phone) to determine if testing is indicated for COVID-19. NH DPHS suggests using the clinical guidance below (Figure). To submit specimens for COVID-19 testing at our NH PHL:
   - Fill out and send in the following lab requisition form: https://www.dhhs.nh.gov/dphs/lab/documents/labrequisition.pdf.
   - Call 603-271-0305 to request a state courier for specimen pickup (phone is monitored evenings and weekends). If you leave a message, please state your name, address, and request for specimen pickup. Healthcare facilities should also develop a system to transport specimens to assist with surge capacity.

4. We will report COVID-19 test results to providers through usual mechanisms.

5. All suspect cases undergoing testing at any laboratory (including commercial laboratories) must also be reported to NH DPHS by filling out and faxing the following report form (also attached) to our confidential fax at 603-271-0545: https://www.nh.gov/covid19/healthcare/documents/covid19-reporting-form.pdf

6. Recently updated personal protective equipment (PPE) and isolation guidelines (see HAN Update #7) enable provider offices to safely collect COVID-19 specimens. If you are unable to safely collect specimens, do not send a patient to another facility without pre-arrangement.

7. We will be hosting weekly calls to answer healthcare provider and local partner questions about COVID-19. The next discussion will be held on Thursday March 19th from 12:00 – 1:00 pm (noon hour), and calls will recur weekly. Call-in information for the Q&A session is: (833) 709-6685; this is an operator assisted call so no conference code is needed.

Situational Update:
New Hampshire has confirmed 17 individuals with COVID-19, including in the counties of Rockingham (10), Grafton (5), Carroll (1), and Hillsborough (1). Sixteen cases of COVID19 have either been travel-related (to domestic or international locations) or identified close contacts of a person with COVID-19; one person’s risk factors are still under investigation. To date, our NH PHL has tested over 560 individuals in the last two weeks. The most updated testing numbers along with other information can be found on our NH DPHS website.
Laboratory Testing for COVID-19
For guidance on collecting, handling, and testing clinical specimens from patients for COVID-19, please review the CDC guidance:

To test for COVID-19 at the NH Public Health Laboratories (PHL), the provider must complete the NH PHL Test Requisition and submit it with the specimen: https://www.dhhs.nh.gov/dphs/lab/documents/labrequisition.pdf. Commercial laboratories also now have the capacity to test for COVID-19. Any COVID-19 positive test at a hospital or commercial laboratory needs to be reported to NH DPHS at 603-271-4496 (after hours 603-271-5300).

The CDC recommends collecting a nasopharyngeal (NP) swab for COVID-19 testing in the PHL using the CDC developed Real-Time RT-PCR Diagnostic Panel. Lower respiratory tract specimens (e.g., sputum) should only be collected from a patient who can expectorate; sputum induction is not recommended. Specimen collection for commercial laboratory testing should follow that specific laboratory’s instructions. Specimens should be collected as soon as possible once a person under investigation is identified, regardless of the time of symptom onset. Maintain proper infection control when collecting specimens.

For collection of NP swabs, use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts, because they may contain substances that inactivate some viruses and inhibit PCR testing. Place swabs immediately into sterile tubes containing 2-3 ml of viral transport media. Refrigerate specimen at 2-8°C prior to transport to the NH PHL for testing.

Additional Information
- NH DHHS COVID-19 website: https://www.nh.gov/covid19/
FIGURE: NH DPHS Recommendations for Testing for COVID-19 in Patients Presenting with Fever or Respiratory Illness With or Without Identified Risk Factors

- NH DPHS recommends testing because these individuals are at high risk to fuel community COVID-19 transmission.
- NH DPHS recommends testing because diagnosis of COVID-19 may affect patient management and informs use of limited airborne infection isolation and PPE supplies.
- NH DPHS recommends testing due to higher suspicion of COVID-19 given exposure risk factors and signs/symptoms consistent with COVID-19.

Decision to test should be based on clinical judgement factoring in a person’s signs/symptoms, risk of exposure to COVID-19, patient vulnerability (e.g. comorbidities, advanced age), risk of exposing others, and ability to self-isolate. We suggest that patients with only mild upper respiratory illness (e.g. sore throat, rhinorrhea, sinus congestion), who are not in need of medical care, self-isolate and monitor for symptom progression. Consider testing if symptoms worsen.

* To help identify settings with local or community transmission of COVID-19, case counts by country can be viewed on the World Health Organization (WHO) Situation Dashboard, and in their Situation Reports (see Table 2). CDC Travel Health Notices also indicate countries with the highest level of community transmission.

** Contact is defined as exposure within 6 feet of or direct physical contact to a person with confirmed COVID-19.

Abbreviations:
COVID-19: Coronavirus Disease 2019; DPHS: Division of Public Health Services; LRTI: lower respiratory tract illness; NH: New Hampshire; PPE: personal protective equipment.
• For any questions regarding this notification, please call the NH DHHS, DPHS, Bureau of Infectious Disease Control at (603) 271-4496 during business hours (8:00 a.m. – 4:30 p.m.).

• If you are calling after hours or on the weekend, please call the New Hampshire Hospital switchboard at (603) 271-5300 and request the Public Health Professional on-call.

• To change your contact information in the NH Health Alert Network, contact Adnela Alic at (603) 271-7499 or email Adnela.Alic@dhhs.nh.gov.

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Distributed to: Physicians, Physician Assistants, Practice Managers, Infection Control Practitioners, Infectious Disease Specialists, Community Health Centers, Hospitals, Hospital CEOs, Hospital Emergency Departments, EMS, Nurses, NHHA, Pharmacists, Laboratory Response Network, Manchester Health Department, Nashua Health Department, Public Health Networks, DHHS Outbreak Team, DPHS Investigation Team, DPHS Management Team, Northeast State Epidemiologists, Zoonotic Alert Team, Health Officers, Deputy Health Officers, MRC, NH Schools, EWIDS, Dialysis & Transplant Clinics, STD Clinics, Immunization Practices, Travel Centers, Influenza Sentinels, Urgent Care Centers, Ambulatory Surgical Centers, Walk-in Clinics, Poison Center, Alcohol and Other Drug Treatment Centers, Long-Term Care Facilities, Community Mental Health Centers, Health Departments, Internal Medicine, Occupational Health, Gastroenterology, Schools and Daycare Providers, Regional Public Health Networks, Environmental Services, Family Planning Programs, Department of Corrections, Home Care Providers, Local and State Partners, Area Agencies

From: Benjamin P. Ch Garner, MD, MPH, State Epidemiologist
Originating Agency: NH Department of Health and Human Services, Division of Public Health Services
Attachments: COVID-19 Case Report Form
# New Hampshire Confidential
**COVID-19 Case Report Form v 3/15/2020**
For Reporting Suspect and Confirmed Cases

Date of Report: ____/____/_____

## Patient Information

<table>
<thead>
<tr>
<th>Name</th>
<th>(Last)</th>
<th>(First)</th>
<th>(M.I.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td><em><strong><strong>/</strong></strong></em>/_______</td>
<td>Age</td>
<td>_____</td>
</tr>
<tr>
<td>Address</td>
<td>______________________</td>
<td>City/Town</td>
<td>______________________</td>
</tr>
<tr>
<td>Phone: Cell</td>
<td>______________________</td>
<td>Home</td>
<td>______________________</td>
</tr>
</tbody>
</table>

Race: ☐ White ☐ Black ☐ Asian ☐ Pacific Islander ☐ Native Am./Alaskan Nat ☐ Unknown ☐ Other: _______

Ethnicity: ☐ Hispanic ☐ Not Hispanic ☐ Unknown

Occupation/Employment: ______________________________ | Employer: ___________________________________

Healthcare Worker: ☐ Yes | ☐ No | ☐ Unknown | Childcare Worker: ☐ Yes | ☐ No | ☐ Unknown

Is the patient a resident of a long-term care facility? ☐ Yes | ☐ No | ☐ Unknown

## Symptoms and Clinical Information

<table>
<thead>
<tr>
<th>Symptom Onset Date</th>
<th><em><strong><strong>/</strong></strong></em>/_______</th>
<th>☐ Fever</th>
<th>☐ Cough</th>
<th>☐ Shortness of breath</th>
<th>☐ Other:</th>
<th>_______</th>
</tr>
</thead>
</table>

Is the patient hospitalized for their illness? ☐ Yes | ☐ No | ☐ Unknown

Hospital Location: ______________________________ | Dates: _____/_____/______ - _____/_____/______

Specimens Collected: ☐ No | ☐ Yes | Date: _____/_____/______ | Laboratory: ________________________________

## Risk Factors/Reason for Testing (check all that apply)

<table>
<thead>
<tr>
<th>International Travel:</th>
<th>______________________________</th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>☐ Not asked</th>
<th>☐ Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Travel:</td>
<td>______________________________</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Not asked</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>Contact to a case:</td>
<td>______________________________</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Not asked</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>No known risk factors:</td>
<td>______________________________</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Not asked</td>
<td>☐ Unknown</td>
</tr>
</tbody>
</table>

Notes: ___________________________________________

## Health Care Provider Reporting Information

| Person Completing Report Form | ______________________________ | Phone | ______________________ |
| Ordering Provider | ______________________________ | Phone | ______________________ |
| Provider Facility/Practice Name | ______________________ | City/Town | ______________________ | State | _____ | Zip | _____ |

Fax to: (603) 271-0545

**NH Department of Health and Human Services**
**Bureau of Infectious Disease Control**
**Office Phone: 603-271-4496**

For NH DHHS Use Only

| ☐ Confirmed | ☐ Not a case |
| ☐ Probable | ☐ Entered in NHEDSS |
| ☐ Suspect | ☐ Assigned to Investigator |
| ☐ Unknown | |