



COVID-19

FACT SHEET FOR HEALTHCARE PROFESSIONALS

Role of Public Health in COVID-19

The role of the public health department is to protect the health of the community. To do so, public health officials determine isolation and quarantine duration based on CDC and state guidelines. This includes determining activities such as when to return to school or when to return to work. Enforcement of quarantine and isolation is done through the Michigan Public Health Code. If your patient has questions regarding isolation or quarantine, please refer them to their local health department. If you or your clinical team have questions or concerns about quarantine or isolation please contact the Livingston County Health Department (LCHD) at 517-546-9850.

What if my patient has symptoms of COVID-19?

COVID-19 has a broad range of symptoms. These include:

- fever
- chills
- cough
- shortness of breath
- difficulty breathing/wheezing
- fatigue
- muscle aches
- headache
- new loss of taste or new loss of smell
- sore throat
- congestion
- nausea/vomiting
- diarrhea

COVID-19 symptoms have significant overlap with flu and other respiratory illnesses. Even if “typical” symptoms (cough, fever, and shortness of breath) aren’t present, please include COVID-19 in your differential diagnosis and consider COVID-19 testing (as well as influenza testing) as part of your workup. Be sure to ask patients the following questions to determine if they may have additional risk for COVID-19 that would warrant testing:

- Has the patient been in close contact to a person with a COVID-19 infection?
- Has the patient attended a public or private gathering of more than 10 people (without widespread mask wearing or physical distancing)?
- Does the patient work, live in, or receive care in a nursing home or long-term care facility?
- Is there an outbreak in their school, workplace, or other location where the patient spends significant amount of time?

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Where to refer for testing

COVID-19 testing sites in Livingston County can be found on the LCHD website: LCHD.org and the Michigan Department of Health and Human Services website: Michigan.gov/coronavirus. If your patient has specific questions about testing locations, please refer them to LCHD at 517-546-9850.

What should your patient do after testing?

All individuals who are tested for COVID-19 should be instructed to self-isolate until they receive their negative test results. If the individual receives positive results, their local health department will provide isolation instructions and a release timeline.

From a public health perspective, it is critical at the time of COVID-19 testing to ask the patient to isolate. Our public health case investigators are finding that this message is not reinforced consistently and patients are exposing others while ill and pending results from their test.

Test Interpretation

Molecular

Laboratory tests that detect SARS-CoV-2 RNA using molecular amplification detection (e.g., polymerase chain reaction (PCR) and rapid Abbott ID NOW) are considered diagnostic. Additionally, from a public health classification perspective, these provide what is considered “confirmatory” lab evidence meaning that a positive molecular test can be used to classify an individual with a “confirmed” COVID-19 infection.

Antigen

Point-of-care (POC) SARS-CoV-2 antigen tests are immunoassays that detect the presence of a specific viral antigen, which implies current infection. These are considered diagnostic tests. From a public health classification perspective, these provide what is considered “presumptive laboratory evidence” meaning that a positive antigen test can classify an individual with a “probable” COVID-19 infection. Of note, the same public health isolation and quarantine protocols are followed with a patient who is classified as “probable” as are used with “confirmed” cases.

Rapid antigen tests perform best when the person is tested in the early stages of infection with SARS-CoV-2 when viral load is generally highest. There are limited data to guide the use of rapid antigen tests as screening tests on asymptomatic persons to detect or exclude COVID-19, or to determine whether a previously confirmed case is still infectious.

The “gold standard” for clinical diagnostic detection of SARS-CoV-2 remains RT-PCR. Thus, it may be necessary to confirm a rapid antigen test result with a nucleic acid test, especially if the result of the antigen test is inconsistent with the clinical context.

Two scenarios usually require a confirmatory test. First, is when the pre-test probability is high (i.e. a patient is symptomatic) and there is a negative antigen test. Second is when the pre-test probability is very low (i.e. a healthy person with no known exposure to COVID-19) and there is a positive antigen test.

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Confirmatory testing is NOT necessary when the pre-test probability is high and the antigen test is positive. Examples of this include individuals with COVID-19 symptoms or individuals with a recent exposure to COVID-19. The specificity of most EUA antigen tests is very high so when the pre-test probability is high, public health action will be initiated using positive results of an antigen test regardless of pending subsequent tests.

When confirming an antigen test result with a RT-PCR test, it is important that the time interval between collection of samples for the two tests is less than two days, and there have not been any opportunities for new exposures between them. If more than two days separate the two collections, or if there have been opportunities for new exposures, the nucleic acid test should be considered a separate test – not a confirmatory test.

Additional CDC Guidance for Antigen Tests can be found here:

<https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html>

Serologic

Serologic tests are not diagnostic and should not be used in place of a molecular or antigen test.

Isolation and Quarantine

Isolation and quarantine help protect the public by preventing exposure to people who have or may have a contagious disease.

Isolation separates sick people with a contagious disease from people who are not sick. Patients diagnosed with COVID-19 should isolate by staying at home until it is safe for them to be around others. Patients with mild to moderate disease who have COVID-19 with symptoms can be around others after:

- At least 10 days since symptoms first appeared **and**
- At least 24 hours with no fever without fever-reducing medication **and**
- Overall improvement in symptoms.

Patients with COVID-19 and no symptoms can be around others after 10 days have passed since the individual's test collection date.

The length of time for patients with severe to critical COVID-19 disease or those who are severely immunocompromised is increased to 20 days rather than 10 days.

Quarantine is used to keep someone who might have been exposed to COVID-19 away from others. Quarantine helps prevent the spread of disease that can occur before a person knows they are sick or if they are infected but do not yet have symptoms. People who have been in close contact - (the guideline used is within 6 feet of someone who has COVID-19 for a cumulative time of 15 minutes or more), should quarantine:

- 14 days after last contact with a person who has COVID-19
- If they develop COVID-19 symptoms, they should seek medical care including COVID-19 testing

Of note, if a close contact cannot properly quarantine away from a COVID-19 positive individual (i.e. individuals who share a bedroom), the length of quarantine will extend as the close contact has

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continued exposure that increases the potential start of an incubation period. For example, if a close contact is unable to quarantine away from a COVID-19 positive individual for the duration of the infectious period (i.e. 10 days), their quarantine period will not begin until the infectious period is thought to be over, resulting in a 24 day quarantine period.

Return to work or school

A negative test result is not required to return to school or work. If your patient has questions about their release from isolation or quarantine, please refer them to their local health department. Only Public Health Officials, per Michigan Public Health Code, are authorized to determine discontinuation of isolation and quarantine.

Retesting

For persons who remain asymptomatic following recovery from COVID-19, retesting is not recommended during the first 3 months after the initial date of symptom onset.

For more information, please contact LCHD at 517-546-9850 or visit LCHD.org.