



## HEALTH ADVISORY: CORONAVIRUS (COVID-19) March 5, 2020

**Summary:** Amarillo Public Health continues to monitor an outbreak of COVID-19 (coronavirus) that originated in Wuhan City, China in December of 2019. To date, there are no confirmed cases in Potter or Randall Counties. Centers for Disease Control (CDC), Texas Department of State Health Services (DSHS), and Amarillo Public Health are watching the situation closely. Updates in the form of Health Advisories will be sent out every Thursday to provide updated information on the situation.

As of March 4, 2020, there is one case of COVID-19 in Fort Bend County, Texas.

This is an ever evolving situation.

**Prevention:** The CDC continues to stress that the most effective way to prevent the spread of any disease, including COVID-19, is through proper hygiene.

- Wash your hands with soap and water on a regular basis.
- Avoid touching your eyes, nose and mouth with unwashed hands.
- Avoid close contact with people who are sick and stay home when you are sick.
- Cover your mouth with a tissue when coughing or sneezing and dispose of the tissue in the trash.
- Follow recommendations from the CDC for using a facemask. Currently, the CDC does not recommend that people who are well wear a facemask.

### **For Healthcare Professionals:**

Healthcare personnel caring for patients with confirmed or possible COVID-19 should adhere to CDC recommendations for [infection prevention and control](#) (IPC):

- Assess and triage these patients with acute respiratory symptoms and risk factors for COVID-19 to minimize chances of exposure, including placing a facemask on the patient and isolating them in an Airborne Infection Isolation Room (AIIR), if available
- Use [Standard Precautions](#), [Contact Precautions](#), and [Airborne Precautions](#) and eye protection when caring for patients with confirmed or possible COVID-19
- Perform hand hygiene with alcohol-based hand rub before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. Use soap and water if hands are visibly soiled
- Practice how to properly [don, use, and doff PPEpdf icon](#) in a manner to prevent self-contamination

Close contact can occur while caring for a patient, including:

- being within approximately 6 feet (2 meters) of a patient with COVID-19 for a prolonged period of time.



- having direct contact with infectious secretions from a patient with COVID-19. Infectious secretions may include sputum, serum, blood, and respiratory droplets.

**Updated guidance:** Below are links to additional information provided by the DSHS and CDC.

- Health care professionals: <https://dshs.texas.gov/coronavirus/healthprof.aspx>
- EMS Systems and Law Enforcement: <https://dshs.texas.gov/coronavirus/#ems>
- Schools, higher education, business, pregnant women information: <https://dshs.texas.gov/coronavirus/other.aspx>

**Testing Criteria:**

Contact Amarillo Public Health to evaluate the need for patient testing. See guidance below:

Clinical Features	&	Epidemiologic Risk
Fever <sup>1</sup> or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)	<b>AND</b>	Any person, including health care workers <sup>2</sup> , who has had close contact <sup>3</sup> with a laboratory-confirmed <sup>4</sup> COVID-19 patient within 14 days of symptom onset
Fever <sup>1</sup> and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	<b>AND</b>	A history of travel from affected geographic areas <sup>5</sup> (see below) within 14 days of symptom onset
Fever <sup>1</sup> with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization <sup>4</sup> and without alternative explanatory diagnosis (e.g., influenza) <sup>6</sup>	<b>AND</b>	No source of exposure has been identified

- Amarillo Public Health will evaluate the need for testing of non-hospitalized patients who fit the clinical criteria and have a negative flu test, strep test, and respiratory panel and without alternative explanatory diagnosis.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>

**Specimen Collection:**

- Maintain proper infection control when collecting specimens. Follow the “Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons Under Investigation (PUIs) for Coronavirus Disease 2019 (COVID-19)” <https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html> for information on sample collection.



- Swab specimens should be collected using only swabs with a synthetic tip (e.g., polyester, Dacron®) and an aluminum or plastic shaft. Swabs with cotton tips and wooden shafts are not recommended. Specimens collected with swabs made of calcium alginate are not acceptable.
- Keep NP and OP specimens in separate vials. Specimens must be sent in universal transport media (UTM) or viral transport media (VTM). Specimens sent as dry swabs or in gel media are not acceptable.
- Refrigerate all specimens promptly after collection. Keep specimens at 4°C and ship/deliver within 24 hours with sufficient gel icepacks using a Category B shipper (refer to “UN 3373 Category B schematic for packaging” here:
- <https://www.cdc.gov/coronavirus/mers/downloads/lab/UN3373-packaging-schema.pdf>). If testing will be delayed ( $\geq 72$  hours from collection), freeze the samples at -70°C and ship on dry ice.

Questions or requests for additional information can be directed to Mark Price (806-378-6336) after hours emergencies (806-680-8980).