PENNSYLVANIA DEPARTMENT OF HEALTH 2020 – PAHAN – 485 – 03-11-UPD



Updated: COVID-19 Specimen Collection and Shipping Guidance

DATE:	3/11/2020
TO:	Health Alert Network
FROM:	Rachel Levine, MD, Secretary of Health
SUBJECT:	Updated: COVID-19 Specimen Collection and Shipping Guidance
DISTRIBUTION:	Statewide
LOCATION:	n/a
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a

This transmission is a "Health Update", provides updated information regarding an incident or situation; unlikely to require immediate action.

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL; EMS COUNCILS: PLEASE DISTRIBUTE AS APPROPRIATE; FQHCs: PLEASE DISTRIBUTE AS APPROPRIATE LOCAL HEALTH JURISDICTIONS: PLEASE DISTRIBUTE AS APPROPRIATE; PROFESSIONAL ORGANIZATIONS: PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; LONG-TERM CARE FACILITIES: PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF IN YOUR FACILITY

The Pennsylvania Department of Health (DOH) is releasing the following updates based on guidance released by the Centers for Disease Control and Prevention (CDC) on March 9, 2020, for COVID-19 specimen collection and shipping. This is an update to the guidance that was released on March 5, 2019.

- Nasopharyngeal swabs and oropharyngeal swabs should now be placed in the same tube.
- Health care providers should contact the DOH at **1-877-PA-HEALTH** (**1-877-724-3258**) or local health department about possible cases of COVID-19.
- Local and state public health staff will determine if the patient meets the <u>criteria for a patient under investigation (PUI)</u> for COVID-19.
- Clinical specimens should be collected from PUIs for routine testing of respiratory pathogens at either clinical or public health labs
- Testing at the BOL and/or Centers for Disease Control and Prevention (CDC) must be approved by DOH Bureau of Epidemiology or the local health department.

Specimen Type

Collection of two specimen types, lower respiratory and upper respiratory, is recommended.

Specimens should be collected as soon as possible once a PUI is identified regardless of symptom onset. Maintain <u>proper infection control</u> when collecting specimens. Induced sputum sample collection should not be done.

A. Lower Respiratory Tract

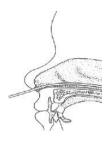
- 1. Bronchoalveolar lavage, tracheal aspirate collect 2-3 mL into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.
- 2. Sputum have the patient rinse the mouth with water and then expectorate deep cough sputum directly into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.

B. Upper Respiratory Tract

- 1. Nasopharyngeal swab (NP) <u>AND</u> oropharyngeal swab (OP) Combined
 - **a.** Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing.
 - **b.** Following the directions below, collect both a NP and an OP swab and insert both swabs into the same 2-3 mL viral transport media (VTM). To repeat, combine both swabs into a single vial at the time of collection.
 - 2. Separate specimens are still permissible, but not preferred
 - 3. If you are unable to get sputum, OP and NP only are sufficient.

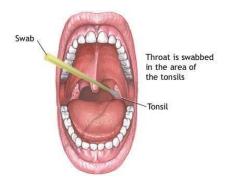
Nasopharyngeal (NP) Swab - See diagram below

- **a.** Pass the NP swab through the nares.
- **b.** Resistance will be met, and this will confirm contact with the nasopharynx.
- **c.** Rub the swab tip several times across the mucosal surface. This will loosen and collect cellular material.
- **d.** Allow a time of contact of up to 30 seconds.
- **e.** Withdraw the swab and place in the viral transport media (VTM or UTM). Make sure liquid medium covers the swab tip.
- f. Break or cut the end of the swab and screw the vial lid on tightly.



Oropharyngeal (OP) - See diagram

- **a.** Swab the posterior pharynx, avoiding the tongue.
- **b.** Using plastic handled swab, vigorously swab both the tonsils and the posterior pharynx.
- **c.** Place swab into the same VTM tube in which the NP swab was placed. Make sure liquid medium covers both NP and OP swab tip.
- d. Break or cut the end of the swab.
- **e.** Screw the vial lid on tightly.



Nasopharyngeal wash/aspirate or nasal aspirate (OPTIONAL).

Collect 2-3 mL into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.

Interim Guidance for Collection and Submission of Postmortem Specimens from Deceased Persons Under Investigation (PUI) for COVID-19, February 2020:

https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html

Submission Forms and Storage

BOL Specimen Submission Form

- 1. Complete all information on the BOL specimen submission form and send the paperwork with the sample.
- 2. Write the PUI number on the form obtained from DOH or your local health department.
- **3.** Store specimens at 2-8°C for up to 72 hours after collection. If a delay in testing or shipping is expected, store specimens at -70°C or below.

Packaging Instructions

- 1. Label the container with patient's name, DOB, source and the collection date.
- 2. This information must appear on **BOTH** the specimen and the specimen submission form or testing will **NOT** be performed.
- **3.** The specimen(s) must be packaged with a cold pack to comply with Category B, diagnostic specimen, regulations. This is not optional.

Shipping Instructions

- 1. If approved, shipping instructions will be provided by the BOL with consultation.
- 2. Refrigerate specimens if they will not be shipped immediately. Specimen MUST be kept cold until it reaches the laboratory.
- 3. Address the package:

PA Department of Health Bureau of Laboratories 110 Pickering Way Exton, PA 19341

Categories of Health Alert messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of March 11, 2020 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.