

MLS Laboratory Update #13: COVID-19 Testing Strategy

APRIL 23, 2020

Purpose of this Message: To inform MLS laboratories of the new statewide PCR testing strategy for SARS-CoV-2.

Action Items: Please review updated testing guidance and forward this information to your associated clinics and other system partners.

Background: Healthcare organizations and hospitals have agreed to a statewide PCR testing strategy that aims to test all symptomatic Minnesotans and broaden testing for vulnerable populations and health care workers.

Facilities should continue to test in-house whenever resources allow, and use their own reference laboratories for overflow testing. Mayo Clinic and the University of Minnesota have added capacity to assist with increased testing. Please prioritize accordingly:

Patient PCR Testing Priorities:

- Symptomatic patients (hospitalized patients, healthcare workers, patients and staff in congregate care settings, dialysis and other patients including outpatients)
- Persons in a setting where an outbreak is occurring (as recommended by MDH)
- Priorities as defined by facilities (e.g., patients who are those being transferred to other facilities or congregate settings, patients being admitted in labor and certain pre-operative patients)

MDH Public Health Laboratory (PHL) Testing Priorities:

Only send specimens to the PHL for:

- Symptomatic residents and staff in congregate living settings (long term care facilities, prisons/jails, shelters for people experiencing homelessness, etc.)
- Symptomatic dialysis patients and staff
- Symptomatic patients that cannot be tested at an in-house lab, commercial lab, or through negotiated access to the University of Minnesota or Mayo Clinic labs

Specimen Requirements for Submission to MDH-PHL:

- **Only one specimen per patient will be tested.** If more than one sample is received, the most preferable specimen will be tested. All specimens submitted to MDH must come in an approved liquid transport media (criteria below). Dry swabs are not acceptable and will be rejected for testing. Acceptable specimen types:
 1. Upper respiratory tract specimens: nasopharyngeal (NP) swab, oropharyngeal (OP) swab, nasal swab, NP/OP swabs in same container, nasopharyngeal wash/aspirate, nasal aspirate)
 2. Lower respiratory tract specimens should be collected only if clinically indicated.
 3. Sputum for those patients with productive coughs. Do not induce sputum. Sputum should be collected into a dry, sterile container. Do not add viral transport media.

4. Bronchoalveolar lavage samples and tracheal aspirates should be collected and tested as a lower respiratory tract specimen for patients on mechanical ventilation. Collect 2-3 mL into sterile, leak-proof container.
 - Approved transport media: Although VTM/UTM is still preferred, additional media types have been deemed acceptable by FDA: 1) Liquid Amies-based transport media is acceptable; 2) Sterile saline is acceptable (use 1.5 mL minimum); 3) Hanks buffer (use 1.5 mL minimum)
 - Additional swab types have been deemed acceptable by FDA: 1) E-swab by Copan; 2) Opti-Swab by Puritan; 3) For additional swab types approved by FDA: [FAQs on Diagnostic Testing for SARS-CoV-2](#)
 - Check with your commercial lab for their specimen submission requirements.

Forms: A [Clinical Testing & Submission Form](#) and a COVID-19 Patient Testing Form ([MDH COVID Patient Testing Forms](#)) must be completed for each specimen submitted to the PHL; note COVID-19 can be selected in the Virology section.

Results: Positive results from MDH will be communicated immediately to the provider. Negative and positive results will be faxed immediately to the submitting laboratory; please do not call us for the results. Results are typically available same day as receipt, but may not be available for up to 3 days. Please inform your patient of the result and do not have them call us for results.

Patients Awaiting PCR Testing or Results: Patients with undiagnosed fever and/or acute respiratory symptoms (cough, shortness of breath) who are awaiting testing or results should:

- Self-isolate for 7 days after illness onset and 72 hours after resolution of fever without taking fever-reducing medications, and improvement of respiratory symptoms, whichever is longer.
- Isolate themselves from household and intimate contacts as much as possible.

Household and intimate contacts of these individuals should limit their activities in public for 14 days after incorporating precautions in the home, and monitor for symptoms.

For more information: More information is available at the [CDC's Coronavirus Disease 2019 webpage](#) or by calling MDH at 651-201-5414.

Thank you,

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PLEASE FORWARD THIS TO ALL APPROPRIATE PERSONNEL WITHIN YOUR INSTITUTION AND HEALTH SYSTEM

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To obtain this information in a different format, call: 651-201-5200.