



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

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Division of Public Health

May 6, 2021 (replaces version dated October 27, 2020)

To: All North Carolina Clinicians and Laboratories  
From: Zack Moore, MD, MPH, State Epidemiologist  
Scott Shone, PhD, HCLD (ABB), Public Health Laboratory Director  
Re: Coronavirus Disease 2019 (4 pages)

This memo provides updated guidance for testing, clinical care, and reporting of COVID-19. Guidance for providers regarding COVID-19 vaccines is available at <https://covid19.ncdhhs.gov/vaccines/providers>.

North Carolina's response to COVID-19 will continue to evolve. The most up-to-date information and guidance can be found at <https://www.cdc.gov/coronavirus/2019-ncov/index.html> and <https://covid19.ncdhhs.gov/>.

### **Laboratory Testing**

Clinicians should conduct or arrange for diagnostic COVID-19 testing for:

- Anyone with symptoms suggestive of COVID-19<sup>1</sup>
- People who are not fully vaccinated and are in one the following groups:
  - Close contacts of known positive cases, regardless of symptoms. Close contacts are defined by CDC as being within 6 feet of a known positive case for 15 minutes or more over a 24 hour period.
  - People who are travelling. Testing is recommended 1-3 days before departure and 3-5 days after return. Additional testing maybe required for reentry by international travelers.
  - People who have been in large groups where mask use or social distancing was not practiced or are concerned they might have been exposed in other ways.
- Ensuring easy access to testing is particularly important for people in populations with higher risk of exposure or a higher risk of severe disease if they become infected. These groups include:
  - People who live in or have regular contact with high-risk settings (e.g., long-term care facility, homeless shelter, correctional facility, migrant farmworker camp)
  - Historically marginalized populations who may be at higher risk for exposure
  - Frontline and essential workers (e.g., grocery store clerks, gas station attendants, childcare workers, construction sites, processing plants, etc.) in settings where social distancing is difficult to maintain
  - Health care workers or first responders (e.g., EMS, law enforcement, fire department, military)
  - People who are at high risk of severe illness (e.g., people over 65 years of age, people of any age with [underlying health conditions](#))
- People who are not fully vaccinated should be encouraged to participate in screening programs that may be offered in schools, colleges/universities, workplaces, and other settings.

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH**

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Guidance regarding [antigen testing](#) for SARS-CoV-2, [at-home testing](#), [detection of variants](#), and [reporting of COVID-19 diagnostic test results](#) are available on the NC DHHS website.

#### Personal Protective Equipment and Specimen Collection Supplies

- Testing sites should consider options to minimize exposure to testing teams and others presenting to the event, including use drive-thru testing when possible, but all sites should allow for walk-up option for those without personal transportation.
- Providers should make every attempt to order needed PPE and specimen collection supplies through regular supply chains.
- If after implementing and exhausting all ordering options and conservation measures your health care agency or facility is in critical need of PPE supplies, you may request PPE through this Health Care Partners [PPE request form](#) available at <https://covid19.ncdhhs.gov/information/health-care/requesting-ppe>
- If your agency or facility is in need of specimen collection supplies, you may request supplies through this Specimen Collection [Supplies Request Form](#) available at <https://covid19.ncdhhs.gov/information/health-care/requesting-specimen-collection-supplies>.

Testing through the NCSLPH is available for COVID-19 and clinicians can submit specimens to NCSLPH for:

1. Persons with symptoms consistent with COVID-19<sup>1</sup>;
2. Persons who live in or have regular contact with a high-risk setting<sup>2</sup>;
3. Persons with close contact to a known positive patient;
4. Uninsured patients; and
5. Post-mortem specimens from patients in whom COVID-19 was suspected but not confirmed prior to death<sup>3</sup>.

To discuss testing through SLPH for patients not meeting any of these criteria, contact the Division of Public Health epidemiologist on-call line at 919-733-3419.

SLPH laboratory guidance, including guidance for specimen collection and shipping, is available at <https://slph.ncpublichealth.com/bioterrorism/2019-ncov.asp>.

Clinicians should review and provide the [Steps for People to Take After COVID-19 Testing \(Spanish\)](#) to all patients undergoing testing due to symptoms or known or a suspected exposure and should establish a clear plan with patients to inform them of their results. These patients should be in isolation while awaiting their test result. If the result is positive, further public health actions including isolation and contact tracing will be taken in coordination with the local health department.

If patients were tested but have no symptoms and no known exposure to someone with COVID-19 (for example, as part of a workplace screening program), they do not need to stay home while waiting results unless told to do so by an employer or by public health.

Per current [CDC guidance](#), serologic testing can be offered as a method to support diagnosis of acute COVID-19 illness for persons who present late. For persons who present 9-14 days after illness onset, serologic testing can be offered in addition to recommended direct detection methods such as polymerase chain reaction. Serologic testing should be offered as a method to help establish a diagnosis when patients present with late complications of COVID-19 illness, such as multisystem inflammatory syndrome in children. Serologic testing should not be used to determine immune status in individuals until the presence, durability, and duration of immunity is established.

## Clinical Assessment and Management

- Clinicians should encourage their patients to call if they have medical concerns before seeking care in-person.
- Clinicians should use, to the extent possible, telehealth/televideo and telephone triage to assess clinical status of patients with respiratory illnesses. Telehealth/televideo and telephone triage are critical tools to allow patients with mild symptoms to have safe access to appropriate assessment, clinical guidance and follow up, and self-care information, while preventing further spread of COVID-19 or exposing patients to COVID-19 in a medical setting.
- Clinicians should use their judgment to determine if a patient has mild signs and symptoms compatible with COVID-19 (e.g., fever and cough) or more severe symptoms requiring in-person medical care (e.g. shortness of breath, difficulty breathing, chest discomfort, altered thinking, cyanosis).
- Most people with COVID-19 have mild illness and can recover at home without medical care, consistent with [guidance](#) from the Centers for Disease Control and Prevention.
- Patients should be counseled to call if they have worsening signs or symptoms of respiratory illness (e.g. increasing fever, shortness of breathing, difficulty breathing, chest discomfort, altered thinking, cyanosis).
- Allocation and distribution of COVID-19 monoclonal antibody products are controlled by the United States Department of Health and Human Services (US HHS). Any interested provider who meets the requirements of the EUA can order product directly from AmerisourceBergen using this form: <https://app.smartsheet.com/b/form/255d164d67834793b4ab549e160941e8>. [Additional guidance](#) is available on the NCDHHS website.
- Patients in [high risk categories for clinical severity](#) (e.g., 65 year and older, chronic lung disease or moderate to severe asthma, heart disease, severe obesity BMI > 40, other underlying poorly controlled chronic health conditions such as diabetes, renal failure, liver disease, and immunocompromised) should have more frequent follow up to assess clinical status. Pregnant women should be monitored closely as they are known to be at risk with severe viral illness. However, pregnant women have not been shown to be at increased risk for severe illness with COVID-19 to date.
- While children are generally at lower risk for severe illness, some studies indicate a higher risk among infants.
- **Escalating medical care should occur if symptoms worsen.**
- The [National Institutes of Health](#) and [CDC](#) have both published interim guidelines for management of patients with COVID-19.
- Decisions about discontinuation of isolation should be made using a [symptom-based strategy](#). Repeat testing of persons with previous positive results is not recommended in most circumstances.
- Testing is not recommended following an exposure for people who remain asymptomatic and are fully vaccinated or are not fully vaccinated but were previously diagnosed with COVID-19 within the past three months.

## Reporting

- Clinicians and laboratories are [required to report](#) results of all COVID-19 diagnostic tests, both positive and negative. A COVID-19 diagnostic test means any nucleic acid or antigen test that identifies SARS-CoV-2. This does not include antibody tests.
- Any cluster of severe acute respiratory illness should prompt immediate notification of local or state public health for further investigation and testing.

## Additional Information for Healthcare Providers

- The most current information on testing and testing resources is available at <https://covid19.ncdhhs.gov/about-covid-19/testing>.

- The most current recommendations regarding [infection prevention](#), [therapeutic options](#) and other topics are available at <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html> and <https://www.covid19treatmentguidelines.nih.gov/>  
The most up-to-date resources and information on COVID-19 vaccines are available at <https://covid19.ncdhhs.gov/vaccines>

#### COVID-19 Resources

- Additional information and resources for providers and the public are available at <https://covid19.ncdhhs.gov/>.
- Providers needing consultation can call the epidemiologist on call at 919-733-3419
- Providers and patients can utilize NCCARE360 to identify and connect to medical and non-medical health related resources <https://nccare360.org/>

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<sup>1</sup> People with COVID-19 have had a wide range of [symptoms](#) reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19: Cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, new loss of taste or smell. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea.

<sup>2</sup> Testing at SLPH for asymptomatic residents or staff in congregate living facilities with cases or outbreaks of COVID-19 can be considered on a case-by-case basis in consultation with local and state public health if other testing options are not available.

<sup>3</sup> Post-mortem testing is not routinely requested by NC DHHS but is available for situations in which a clinician has deemed such testing appropriate and if supplies for specimen collection and transport are available. Supplies for specimen collection and transport of post-mortem specimens are available through NCSLPH via local health departments. Post-mortem specimens must be collected within 72 hours of death.