

* NOTICE: This health alert provides written guidance for health care professionals and others who may need to take action to prevent or control a notifiable condition. It is not intended to provide guidance for the general public.

COVID-19 Testing, Isolation, and Quarantine Updates & Tuberculosis Testing Updates

COVID-19 Testing, Isolation, and Quarantine Updates

Actions Requested:

Suspect COVID-19 in patients with the following symptoms:

- Fever
- Cough
- Shortness of breath
- Chills
- New loss of taste or smell
- Headache
- Fatigue
- Muscle or body aches
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea (at least 2 loose stools in the past 24 hours)

Follow Washington State Department of Health guidelines for Evaluation and Management of Persons with New Unexplained Symptoms of COVID-19: <u>https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/420-287-COVID-19SymptomEvalMgmtFlowChart.pdf</u>

Test all individuals with new unexplained symptoms of COVID-19 including those who are fully vaccinated (two weeks after the final dose of a COVID-19 vaccine series).

Test close contacts (individuals who were less than 6 feet for a cumulative 15 minutes or more over 24 hours from a confirmed case) who have not been fully vaccinated. Test fully vaccinated close contacts who have been instructed to test by Thurston County Public Health and Social Services.

Obtain a molecular test where possible for individuals who have unusually severe illness considering factors such as age and overall health status even if an antigen test has already been performed. If the sample meets criteria for sequencing, this gives essential information about disease severity associated with particular strains of the virus. For more information on SARS-CoV-2 sequencing, visit:

https://www.co.thurston.wa.us/health/personalhealth/communicabledisease/HealthOfficerUpd ates/PDF/CDUpdateCovidSequencing.pdf.



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If multiple close contacts or members of a household present with COVID-19 symptoms, test each individual. Ensuring that each symptomatic individual is tested is necessary for effective contact tracing.

Inform your patients who have been identified as close contacts and require quarantine that quarantine is a public health measure to prevent the spread of disease and that the Thurston County Public Health and Social Services Department will notify them about length of quarantine.

Background:

COVID-19 is an illness caused by the SARS-CoV-2 virus first identified in December 2019. Infection with the virus can cause severe illness and death. Treatment is largely supportive although in specific cases steroids, remdesivir an antiviral agent, and antibody therapy may have benefit. Mitigation measures including avoiding large gatherings, wearing masks in public spaces, maintaining a distance of 6 feet or more from non-household members, staying home when sick, respiratory etiquette, and hand hygiene have been helpful in slowing the spread of this disease. Immunity among those who have had COVID-19 is not yet understood. Three vaccines have been approved for use in the United States with several more in clinical trials. Multiple variants of the SARS-CoV-2 virus have been identified throughout Washington State and Thurston County. Some of these variants are more readily transmissible and may cause more severe disease.

Does the Patient have Tuberculosis Disease or Latent Tuberculosis Infection (LTBI)? New Disease Control and Prevention Staff and Fax Number for Reporting

Actions Requested:

Suspect Tuberculosis (TB) in patients with the following symptoms:

- Unexplained weight loss
- Loss of appetite
 - Night sweats
- Fever
- Fatigue

Pulmonary TB disease symptoms may include:

- Coughing for longer than 3 weeks
- Hemoptysis (coughing up blood)
- Chest pain

Extrapulmonary TB disease symptoms will depend on the area affected.

Evaluate Patients Suspected of Having TB Disease:

• **Collect a Medical History -** patient's history of TB exposure, infection, or disease. Demographic factors (e.g., country of origin, age, ethnic or racial group, occupation) that may increase the patient's risk for exposure to TB or to drug-resistant TB. Patient's medical conditions, especially HIV infection, that increase the risk of latent TB infection progressing to TB disease.



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- **Complete a Physical Examination -** provides valuable information about the patient's overall condition and other factors that may affect how TB is treated, such as HIV infection or other illnesses.
- **Test for TB Infection** The Mantoux tuberculin skin test (TST or PPD) or the TB blood test (Quantiferon Gold) can be used to test for *M. tuberculosis* infection. Additional tests are required to confirm TB disease. The Mantoux tuberculin skin test is performed by injecting a small amount of fluid called tuberculin into the skin in the lower part of the arm. The test is read within 48 to 72 hours by a trained health care worker, who looks for a reaction (induration) on the arm. The TB blood test measures the patient's immune system reaction to *M. tuberculosis*.
- **Collect Chest Radiograph** A posterior-anterior and lateral view chest radiograph is used to detect chest abnormalities. Lesions may appear anywhere in the lungs and may differ in size, shape, density, and cavitation. These abnormalities may suggest TB but cannot be used to definitively diagnose TB. A chest radiograph may be used to rule out the possibility of pulmonary TB in a person who has had a positive reaction to a TST or TB blood test and no symptoms of disease.
- **Perform Diagnostic Microbiology** The presence of acid-fast-bacilli (AFB) on a **sputum smear** or other specimen often indicates TB disease. Acid-fast microscopy is easy and quick but doesn't confirm a diagnosis of TB because some acid-fast-bacilli are not *M. tuberculosis*. All sputum sent to rule out TB should have a Nucleic Acid Amplification Test (NAAT) performed. These tests come back quickly, within a few days and can guide early treatment.
- A **culture** is done on all initial samples to confirm the diagnosis. (A positive culture is not always necessary to begin or continue treatment for TB.) A positive culture for *M. tuberculosis* confirms the diagnosis of TB disease. Complete culture examinations on all specimens, regardless of AFB smear results. Laboratories should report positive results on smears and cultures within 24 hours by telephone or fax to the primary health care provider and to the state or local TB control program, as required by law.
- Perform base line testing to include liver function tests, kidney function tests and HIV test.
- When reporting a case please leave a message on the Communicable Disease Reporting Line at (360) 786-5470 and fax a copy of the history and physical exam, chest imaging, pertinent labs including renal function panel, liver function panel, HIV test in addition to TST, QFT and/or sputum/culture results to (833) 499-1803.

Background:

Tuberculosis was the leading infectious disease cause of death globally prior to 2020, causing death in more than 1.4 million people in 2019. While COVID-19 deaths exceeded TB deaths this year, TB will likely return as the leading infectious disease cause of death in subsequent years as a quarter of the world's population is estimated to be infected with M. tuberculosis.



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The impact of COVID-19 on TB has been particularly difficult. Delays in TB diagnosis, treatment interruptions, and resource reallocation are being seen globally and locally.

In Thurston County we see anywhere from 5–9 cases of active pulmonary Tuberculosis every year, making us a low incidence area. Two-thirds of our cases are in foreign born individuals who have resided in the US for 5–10 years.

New Disease Control and Prevention Staff and Fax Number for Reporting

We have new staff in the Disease Control and Prevention section of the department who may be calling your office to collect information critical to our investigation and follow-up of your patients diagnosed with notifiable conditions:

Dimyana Abdelmalek, MD, MPH, Health Officer, dimyana.abdelmalek@co.thurston.wa.us

Madeleine Smith, RN, madeleine.smith@co.thurston.wa.us 360-545-7430

Ryan Gamble, RN, ryan.gamble@co.thurston.wa.us 360-490-1213

New fax number for confidential reports - (833) 499-1803

Resources:

CDC Division of TB Elimination - https://www.cdc.gov/nchhstp/Default.htm

Francis J. Curry National TB Center – https://www.currytbcenter.ucsf.edu/

CDC Diagnosis of Tuberculosis (Fact Sheet) https://www.cdc.gov/tb/publications/factsheets/testing/diagnosis.pdf

CDC Clinical Practice Guidelines: Diagnosis of Tuberculosis in Adults and Children https://www.cdc.gov/tb/publications/guidelines/pdf/cid_ciw694_full.pdf

CDC Tuberculosis and Public Health Emergencies - https://www.cdc.gov/tb/education/public-health-emergencies.htm?s_cid=fb_cdctb_covid19202007120001

DOH TB Providers Toolkit https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Tuberculosis/TBProviderToolkit

THANK YOU FOR REPORTING



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TO REPORT A NOTIFIABLE CONDITION IN THURSTON COUNTY	
Voice mail for reporting non-immediately reportable	Phone: 360-786-5470
conditions (24 hours a day)	Fax: 360-867-2601
	Fax: 833-499-1803
Day time immediately reportable conditions – Call detailed information to the 24-hour Notifiable Condition Reporting Line at 360-786-5470. Messages are picked up hourly. If a call back can't wait call 360-867-2500 and ask staff to locate a Communicable Disease staff.	Phone: 360-786-5470
After hours immediately and 24-hour reportable conditions or a public health emergency	Call 1-800-986-9050
No one is available with Thurston County Public Health and condition is immediately notifiable	1-877-539-4344

Communicable Disease Updates are posted online at: http://bit.ly/CDUpdatePHSS