

Coronavirus Disease 2019 (COVID-19)

Sonic Healthcare USA is closely monitoring the situation regarding the 2019 Novel Coronavirus (COVID-19). We are dedicated to promoting a healthy and safe environment for all our patients and employees. The information below provides answers to frequently asked questions.

Q: Does AEL's Respiratory Pathogen Panel (RPP), detect SARS-CoV-2, the virus that causes COVID-19?

No. These multi-pathogen molecular assays can detect a number of human respiratory viruses, including other coronaviruses that can cause acute respiratory illness, but they do not detect COVID-19.

Q: Are AEL Patient Service Centers (PSC)/In-Office Phlebotomists (IOP) allowed to collect specimens (e.g., nasopharyngeal, oropharyngeal swabs) for COVID-19/SARS-CoV-2 testing?

No. Currently AEL laboratories and our staff do not collect respiratory (e.g., nasal pharyngeal swabs, sputum) specimens for COVID-19/SARS-CoV-2 testing. Our lab is equipped to perform the laboratory testing only.

Q: Are AEL Patient Service Centers (PSC)/In-Office Phlebotomists (IOP) equipped to perform phlebotomy services for patients suspected or with laboratory-confirmed COVID-19?

No. At this time, AEL PSCs and IOPs are not equipped with adequate isolation rooms (AIIR) and are not set up to receive patients under investigation (PUI) for COVID-19. Blood draw services for PUIs and/or with laboratory confirmed COVID-19 should be deferred to facilities with an AIIR (e.g., hospitals).

Q: What are the clinical features of COVID-19?

The clinical spectrum of COVID-19 ranges from mild disease with non-specific signs and symptoms of acute respiratory illness, to severe pneumonia with respiratory failure and septic shock. There have also been reports of asymptomatic infection with COVID-19. See also [Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease 2019 \(COVID-19\)](#): www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html.

Q: Who is at risk for COVID-19?

Currently, those at greatest risk of infection are persons who have had prolonged, unprotected close contact with a patient with symptomatic, confirmed COVID-19 and those who live in or have recently been to areas with sustained transmission.

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Q: Who is at risk for severe disease from COVID-19?

The available data is currently insufficient to identify risk factors for severe clinical outcomes. From the limited data that is available for COVID-19 infected patients, and for data from related coronaviruses such as SARS-CoV and MERS-CoV, it is possible that older adults, and persons who have underlying chronic medical conditions, such as immunocompromising conditions, may be at risk for more severe outcomes. See also See also Interim **Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease 2019 (COVID-19)**: www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html.

Q: When is someone infectious?

The onset and duration of viral shedding and period of infectiousness for COVID-19 are not yet known. It is possible that SARS-CoV-2 RNA may be detectable in the upper or lower respiratory tract for weeks after illness onset, similar to infection with MERS-CoV and SARS-CoV. However, detection of viral RNA does not necessarily mean that infectious virus is present. Asymptomatic infection with SARS-CoV-2 has been reported, but it is not yet known what role asymptomatic infection plays in transmission. Similarly, the role of pre-symptomatic transmission (infection detection during the incubation period prior to illness onset) is unknown. Existing literature regarding SARS-CoV-2 and other coronaviruses (e.g. MERS-CoV, SARS-CoV) suggest that the incubation period may range from 2–14 days.

Q: Which body fluids can spread infection?

Very limited data is available about detection of SARS-CoV-2 and infectious virus in clinical specimens. SARS-CoV-2 RNA has been detected from upper and lower respiratory tract specimens, and SARS-CoV-2 has been isolated from upper respiratory tract specimens and bronchoalveolar lavage fluid. SARS-CoV-2 RNA has been detected in blood and stool specimens, but whether infectious virus is present in extrapulmonary specimens is currently unknown. The duration of SARS-CoV-2 RNA detection in upper and lower respiratory tract specimens and in extrapulmonary specimens is not yet known but may be several weeks or longer, which has been observed in cases of MERS-CoV or SARS-CoV infection. While viable, infectious SARS-CoV has been isolated from respiratory, blood, urine, and stool specimens, in contrast – viable, infectious MERS-CoV has only been isolated from respiratory tract specimens. It is not yet known whether other non-respiratory body fluids from an infected person including vomit, urine, breast milk, or semen can contain viable, infectious SARS-CoV-2.

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Q: Can people who recover from COVID-19 be infected again?

The immune response to COVID-19 is not yet understood. Patients with MERS-CoV infection are unlikely to be re-infected shortly after they recover, but it is not yet known whether similar immune protection will be observed for patients with COVID-19.

Q: How should healthcare personnel protect themselves when evaluating a patient who may have COVID-19?

Although the transmission dynamics have yet to be determined, CDC currently recommends a cautious approach to persons under investigation (PUI) for COVID-19. Healthcare personnel evaluating PUI or providing care for patients with confirmed COVID-19 should use, Standard Transmission-based Precautions. See the Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for Coronavirus Disease 2019 (COVID-19) in Healthcare Settings.

Q: Should any diagnostic or therapeutic interventions be withheld due to concerns about transmission of COVID-19?

Patients should receive any interventions they would normally receive as standard of care. Patients with suspected or confirmed COVID-19 should be asked to wear a surgical mask as soon as they are identified and be evaluated in a private room with the door closed. Healthcare personnel entering the room should use **Standard and Transmission-based Precautions:**
www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html.

Q: Who should healthcare providers notify if they suspect a patient has COVID-19?

Healthcare providers should consult with local or state health departments to determine whether patients meet criteria for a **Persons Under Investigation (PUI):**
www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html.

Providers should immediately notify infection control personnel at their facility if they suspect COVID-19 in a patient.

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Q: Do patients with confirmed or suspected COVID-19 need to be admitted to the hospital?

Not all patients with COVID-19 require hospital admission. Patients whose clinical presentation warrants in-patient clinical management for supportive medical care should be admitted to the hospital under appropriate isolation precautions. Some patients with an initial mild clinical presentation may worsen in the second week of illness. The decision to monitor these patients in the inpatient or outpatient setting should be made on a case-by-case basis. This decision will depend not only on the clinical presentation, but also on the patient's ability to engage in monitoring, the ability for safe isolation at home, and the risk of transmission in the patient's home environment. For more information, see **Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for Coronavirus Disease 2019 (COVID-19) in a Healthcare Setting** (www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html) and **Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 (COVID-19)** (www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html).

More guidance about environmental infection control is available in section 7 of CDC's **Interim Infection Prevention and Control Recommendations** (www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html) for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings.

Additional Resources:

- OSHA 2019 Novel Coronavirus: www.osha.gov/SLTC/covid-19
- Detailed information on environmental infection control in healthcare settings can be found in CDC's: www.cdc.gov/infectioncontrol/guidelines/environmental/index.html