Quick update: Masks and Covid Testing

Primary Care Medical Director Colleagues: (cc: public health officers)
Based on information from some of the health officers in our region, I’m sending this email outside the usual weekly update you all receive from me. Please forward to your clinicians. Any instructions from your local public health department would take priority over the more general messages presented here.

Two items:

First on Covid Testing:
As Covid begins spreading in communities, the CDC has dramatically expanded testing criteria (see link for details), which is overwhelming the capacity of several of our local public health department to respond. They request that if you have a suspected case, that your teams arrange for collection of the specimen and transport it to the health department for processing. The health departments in counties with community transmission occurring generally don’t have the staff for going out to homes to do testing.

It is best to do such testing outside your health center/office, with the person conducting the testing wearing a mask and eye protection, gloves and a disposable gown (full personal protective gear for respiratory infections). While this testing could be done at home, a best practice is to have them drive to the back of the parking lot, stay in the car and call in to the health center so you can send someone out to their car to collect the specimen, while they remain in the car possibly also performing a brief evaluation (e.g. vitals, including oxygen saturation).

The public health department needs the specimens to be collected via nasopharyngeal or oropharyngeal swab, and put into the correct viral transport media. Be sure you have plenty of these testing kits available.

Important parameters:

1. Swab must be sterile dacron (not cotton or calcium alginate) with plastic shafts
2. The transport media should have protein stabilizer, antibiotics to inhibit bacterial and fungal growth and buffer solutions. (e.g. UTM, V-C-M, M4, M4RT intended to transport some chlamydia, mycoplasma or viruses)
3. The usual labeling of the specimen, along with a description of the clinical scenario should be included with the specimen.
4. It must then be promptly refrigerated (not frozen), or put in a container containing cold packs.
5. It should then be delivered to the public health department for processing.

Your local public health officer may offer some specific alternative guidance on numbers 3 and 5.

Note that local laboratories (like Quest and Lab Corps) are not yet accepting specimens for testing for SARS-CoV2. Their Respiratory Pathogen Panel (CPT code 87633, Quest code 37444 does not specifically test for SARS-CoV2, although it does test for several other less pathogenic coronaviruses. There have
been reports of cross positivity: positive test for these less pathogenic coronaviruses, when the patient actually has Covid. If you use this test and it comes back positive for these other coronaviruses, the patient should probably be presumed positive for SARS-CoV2, until a specific SARS-CoV2 test can be done and comes back negative.

**Second: masks**
There is considerable mixed messages around N-95 masks, with public health personnel not all saying the same thing. Here is some practical advice:

- N-95 masks are almost impossible to get right now. If you have any, reserve them for use on the highest risk cases (the person should have been fit tested). Surgical masks are an acceptable alternative for low risk cases or if you don’t have any N-95 masks. Properly used, they will filter out most respiratory droplets.

- Masks are most important to be worn by an infected person who is coughing, and for direct care-givers of individuals suspected of having Covid. Use of masks in public (like grocery stores and gas stations) by non-infected, non-immunocompromised individuals creates a false sense of security, leading to decreased hand hygiene, which is far more effective and important.

I welcome any feedback or questions!

In partnership,

--Bob Moore

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