

**COVID-19: Update #8  
First confirmed COVID Case in Simcoe Muskoka;  
Change to Droplet and Contact precautions;  
Updated Case Definition and Testing Criteria;  
Returning Traveller Recommendations  
Health Unit Reduction in Services**

**Attention:** Physicians, Emergency Departments, Infection Control Practitioners, Occupational Health Practitioners, Walk-In Clinics/Urgent Care Clinics, Nurse Practitioners, EMS, Designated Officers, Midwives, Family Health Teams, Pharmacies, Central LHIN, NSM LHIN, Beausoleil First Nation, Moose Deer Point First Nation, Rama First Nation, Wahta First Nation

**Date:** March 13, 2020

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On March 12, 2020, the Simcoe Muskoka District Health Unit (SMDHU) received confirmation of its first confirmed case of COVID 19 which was a returning traveller from Spain. A [press release](http://www.simcoemuskokahealth.org/HealthUnit/About/Newsroom/2020/03/12/First-positive-case-of-COVID-19-recovering-at-home) (<http://www.simcoemuskokahealth.org/HealthUnit/About/Newsroom/2020/03/12/First-positive-case-of-COVID-19-recovering-at-home>) was issued and the information is publicly available on our website. Cases in Canada have been climbing and as reported by [Public Health Agency of Canada \(PHAC\)](https://www.canada.ca/en/public-health.html) (<https://www.canada.ca/en/public-health.html>) there have been 138 cases to date across various provinces.

**Highlights of Major Changes to Infection Control Precautions,  
Case Definition and Testing Criteria**

**1. Change to Droplet and Contact Precautions for COVID-19**

- Given updated information on COVID-19, [Droplet and Contact precautions are recommended](https://www.publichealthontario.ca/-/media/documents/ncov/updated-ipac-measures-covid-19.pdf?la=en) for the routine care and testing of patients with suspected or confirmed COVID-19. See <https://www.publichealthontario.ca/-/media/documents/ncov/updated-ipac-measures-covid-19.pdf?la=en>
- Airborne precautions should be used when aerosol generating medical procedures (AGMPs) are planned or anticipated to be performed on patients with suspected or confirmed COVID-19. NP or throat swabbing is not a AGMP.

**2. Probable/Clinical Case definition for COVID-19 (full document at end of healthfax)**

- A person with fever (over 38 degrees Celsius) and/or onset of (or exacerbation of chronic) cough AND any of the following within 14 days prior to onset of illness:
  - Travel to an impacted area\* **or**
  - Close contact with a confirmed or probable/clinical case of COVID-19 **or**
  - Close contact with a person with acute respiratory illness who has been to an impacted area\*



- In whom laboratory diagnosis of COVID-19 is not available, inconclusive, or negative (if specimen quality or timing is suspect)
- Impacted area\* is based on current epidemiology and [World Health Organization \(WHO\) Situation Report](#) which currently includes over 100 countries
- **Individuals meeting the probable case definition who do not get testing should be advised to self-isolate at home until 24 hours after symptoms have resolved. Probable are to be reported to the Infectious Diseases Team at 705-721-7520 ext. 8809 during regular business hours (Monday to Friday 8:30 to 4:30) or by faxing the [COVID Reporting Form](#) (<http://www.simcoemuskokahealth.org/docs/default-source/jfy-health-care-professionals/200313-covid-reporting-form.pdf?sfvrsn=0>) to 705-733-7738 (see end of health fax) or after hours at 1-888-225-7851.**

### 3. Provincial Testing Criteria (subject to change)

- For COVID-19 testing purposes, the following groups should be tested:
  - Symptomatic contacts of confirmed cases, until community transmission is established
  - Individuals admitted to hospital with acute respiratory illness
  - Health care workers with acute respiratory illness
  - Individuals with acute respiratory illness who reside in long term care and retirement homes
  - Individuals with acute respiratory illness who reside in other institutions and as directed by local public health
  - Health care workers as part of a health care institutional outbreaks and as directed by local public health
  - First Nation Community members living on-reserve with acute respiratory illness
  - Testing outside of the groups above based on public health and clinical judgement can be made in consultation with local public health. As the goal is for prioritization of those that are at highest risk, this decision should be made by exception.
- **Other individuals meeting the case definition who do not get testing should be advised to self-isolate at home until 24 hours after symptoms have resolved.**
- Regardless if they receive testing or not, they should be reported to SMDHU.

### 4. Travellers

Asymptomatic travelers from **Italy, Iran and Hubei province in China** should self-isolate for 14 days from the day they left Iran, Italy or Hubei province to come to Canada and contact the Infectious Diseases Team at 705-721-7520 ext. 8809 during regular business hours (Monday to Friday 8:30 a.m. to 4:30 p.m.) or after hours at 1-888-225-7851.

**Anyone who has travelled outside of Canada should self-monitor for signs and symptoms for 14 days upon returning to Canada. If symptoms occur, it is recommended that they self-isolate at home until 24 hours after symptoms have resolved. They are not recommended to be tested unless they are also part of the priority groups to be tested outlined above.**



Up to date travel health notices are listed at the following website:  
<https://travel.gc.ca/travelling/health-safety/travel-health-notice>.

## 5. Specimen Collection

Public Health Ontario (PHO) has released a [COVID-19 Test Requisition Form](https://www.publichealthontario.ca/-/media/documents/lab/2019-ncov-test-requisition.pdf?la=en) (<https://www.publichealthontario.ca/-/media/documents/lab/2019-ncov-test-requisition.pdf?la=en>).

**Please use the COVID-19 Test Requisition Form for all COVID-19 samples.** You do not need a general requisition form in addition to this form. As outlined by PHO, please include the mandatory elements below on the requisition:

- Whether the individual meets criteria for a person under investigation (yes/ no)
- Travel history (country and dates)
- Contact of case or probable case (yes/no); if no, other sick contacts (yes/no; if yes, describe)
- Symptom onset date
- Patient symptoms (fever, cough, runny nose, pneumonia)
- Patient setting (ICU, hospitalized, ER or outpatient)
- Return address

### Current Recommendations for Specimen Collection:

#### **Patients not admitted to hospital (including those in ER)**

**A single upper respiratory tract specimen will be accepted for COVID-19 testing.** Upper respiratory tract specimens include a nasopharyngeal swab (NPS) **OR** viral throat swab collected in universal transport medium. NPS is preferred over a viral throat swab – information available to date suggests that a NPS has higher sensitivity than a throat swab for COVID-19 detection.

#### **In-patients**

For in-patients, it is recommended to collect a minimum of two specimens, from two different sites:

- a) Upper respiratory tract: submit both a nasopharyngeal swab (NPS) **AND** viral throat swab.  
**Note, although the NP swab and throat swab use the same sampling kit, a separate kit (medium tube) is needed for each sample. Also, for the NP swab, the smaller swab is used, while for the throat swab, the larger swab is used.**
- b) Lower respiratory tract specimens, collect if patient has a productive cough. Do not induce. Submit specimens when possible.

Instructions for Specimen Collection can be found on [our website](http://www.simcoemuskokahealth.org/docs/default-source/ify-health-care-professionals/200213-sample-instruction-sheet-final-(1).pdf?sfvrsn=2) ([http://www.simcoemuskokahealth.org/docs/default-source/ify-health-care-professionals/200213-sample-instruction-sheet-final-\(1\).pdf?sfvrsn=2](http://www.simcoemuskokahealth.org/docs/default-source/ify-health-care-professionals/200213-sample-instruction-sheet-final-(1).pdf?sfvrsn=2)). Please ensure that sample labelling is also done correctly and matches the information on the submitted requisition form.

Droplet and contact precautions are sufficient to perform the testing. N95 mask for the clinician is no longer necessary.

For more information on the requirements, please visit PHO’s Coronavirus Disease 2019 (COVID-19) Testing webpage at: <https://www.publichealthontario.ca/en/laboratory-services/test-information-index/wuhan-novel-coronavirus>.

## 6. Personal Protective Equipment – Provincial Supplies

The Ministry of Health continues to be aware of ongoing challenges with regards to PPE supplies. SMDHU continues to advocate for adequate supplies for clinicians. If you have any questions, concerns or feedback regarding PPE, you can email the Ministry [EOClogistics.moh@ontario.ca](mailto:EOClogistics.moh@ontario.ca).

## 7. Resources and Documents

There are a number of resources and documents available through our Health Professional Portal at [www.smdhu.org/hpportal](http://www.smdhu.org/hpportal) as well as through [Public Health Ontario](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx) and the [Government of Ontario](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx) [http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019\\_guidance.aspx](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx)

The Government of Ontario has a dedicated website for Coronavirus which has general information as well as provincial PUI statistics which are updated daily. This can be found at the following website address: <https://www.ontario.ca/page/2019-novel-coronavirus-2019-ncov>. Additionally, the Ministry of Health has a dedicated website for Coronavirus with all relevant guidance and information. This can be found at the following website address: [www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus).

## 8. Reduction of Health Unit Services

Given the current circumstances, many health unit resources have been re-allocated to deal with the response and as such, SMDHU will be suspending routine follow-up for the diseases in the table below.

Disease		
<b>Blastomycosis</b>	Food poisoning, individual, all causes	Tuberculosis – medical surveillance, Latent Tuberculosis Infection (LTBI)
<b>Chancroid</b>	Group B Streptococcal disease, neonatal	Tularemia
<b>Chickenpox (Varicella)</b>	Hepatitis C	West Nile Virus Illness
<b>Chlamydia</b>	Lyme disease	Yersiniosis
<b>CPE</b>	Meningitis, all types	
<b>Creutzfeldt-Jakob Disease, all types</b>	Ophthalmia Neonatorum	
<b>Cryptosporidiosis</b>		
<b>Cyclosporiasis</b>		
<b>Echinococcus multilocularis</b>		
<b>Encephalitis, all types</b>		

We do ask that you continue to complete and submit the associated fax back forms which are provided by SMDHU and also continue current reporting processes for any disease of public health significance.