**Updates about COVID-19 Point Prevalence at Lurie Children’s**

Over the weekend, we performed a point prevalence survey of COVID-19. This involved testing all Lurie Children’s inpatients for COVID-19 using a nasopharyngeal swab, despite having no clinical concern for COVID-19 in these patients. In total, we tested 148 inpatients for surveillance purposes (in addition to 37 patients who had been tested for COVID-19 for clinical suspicion in the prior 72 hours). Of our 97 ICU inpatients tested for surveillance purposes, all 97 tested negative for SARS-CoV-2. Of 51 acute care, non-ICU, inpatients tested, 2 tested positive for SARS-CoV-2. Upon further investigation, it was determined that both patients recently had symptoms suggestive of COVID-19, although symptoms were very mild. Reassuringly, the rooms were swabbed after patient discharge, and we did not find evidence of SARS-CoV-2 on high touch surfaces in the room.

These data suggest that asymptomatic shedding of SARS-CoV-2 is exceedingly uncommon in our patient population. However, these data also reinforce our assessment that COVID-19 is often times a very mild infection and those symptoms may rarely be attributed to other etiologies. Our current isolation practices are capturing the vast majority of symptomatic patients. Further, our rigorous tracking of COVID-19 in healthcare workers suggests our practices are effective. However, these data also suggest that very small gaps may remain, which would confer the highest risk in those patients having high-risk procedures. To close this very small gap, we are revising our isolation and testing practices of inpatients until community activity of COVID-19 decreases significantly.

**Updated Testing and Isolation Recommendations**

*Testing*

* Starting immediately, we recommend **all inpatients be tested for COVID-19 at the time of admission**. The test [COVID-19 (SARS-COV-2) PCR, SPECIAL ID] should be ordered either by the ED if being admitted from there, or by the admitting service

In addition, **all outpatients who are having a procedure** requiring management by anesthesiology and/or a high-risk aerosol generating procedure [*open airway deep or tracheal suctioning (below vocal cords), manual ventilation before intubation, tracheal intubation or extubation, LMA, non-invasive ventilation (BiPAP, CPAP, HFNC), high-frequency oscillator, tracheostomy status, CPR, bronchoscopy, sputum induction/cough assist, nebulizer therapy, Cool Mist*] (also defined in the PPE guidance [here](https://www.luriechildrens.org/globalassets/media/pages/covid-19/ppe_algorithm_inpatient_41320_2.pdf)) should continue to follow the current screening process.

Currently, the turn-around-time for COVID-19 testing (listed as COVID-19 (SARS-COV-2) PCR, SPECIAL ID in Epic) is 6-30 hours depending on when the test arrives to the lab. However, we anticipate having an approximately 90-minute turn-around-time test available by the end of the week. This test will be prioritized for inpatients and outpatients undergoing procedures. Revised testing information can be found [here](https://www.luriechildrens.org/globalassets/media/pages/covid-19/clinical-testing-guidance-041320-2.pdf).

*Isolation*

Until the result of the COVID-19 test is known, all inpatients should be managed under Droplet/Contact PLUS isolation precautions (standard facemask, gown, gloves, eye protection).

* If inpatients or outpatients with a pending test or positive status require a high-risk aerosol generating procedure [*open airway deep or tracheal suctioning (below vocal cords), manual ventilation before intubation, tracheal intubation or extubation, LMA, non-invasive ventilation (BiPAP, CPAP, HFNC), high-frequency oscillator, tracheostomy, CPR, bronchoscopy, sputum induction/cough assist, nebulizer therapy, Cool Mist*], an N95 or PAPR should be worn.
* Once the patient is confirmed to be COVID-19-negative, their isolation status can be adjusted accordingly. Infection Prevention and Control, along with the PPE Spotters, will continue to be available for assistance in PPE management. PPE guidance can be found [here](https://www.luriechildrens.org/globalassets/media/pages/covid-19/ppe_algorithm_inpatient_41320_2.pdf).

In the outpatient setting where high-risk procedures are not performed and where direct patient contact is much more limited compared to inpatients, we are very confident that our current practices are optimally protective for our healthcare workers. These practices include universal masking of patients, families, and healthcare workers and isolation of patients based on aggressive symptom screening.

**Talking Points for Families**

* While most children with COVID-19 have symptoms such as a cough, difficulty breathing, fever, sore throat and/or congestion, there are rare reports of COVID-19 in children who do not have symptoms.
* Patients positive for COVID-19 can transmit the virus to other patients and healthcare workers even without symptoms.
* Like other children’s hospitals, we are using personal protective equipment and performing COVID-19 testing on all children admitted to the hospital.
* If your test is negative, we will no longer use the same isolation precautions. In addition, we won’t repeat this test during this admission unless your child develops symptoms of COVID-19. We may repeat it at the time of a future admission.
* Performing this test involves placing a swab in your child’s nostrils for a few seconds to obtain the specimen which will then be sent to our laboratory.
* Results should be available to us by tomorrow evening. Your healthcare provider will share your child’s results with you once they are available.