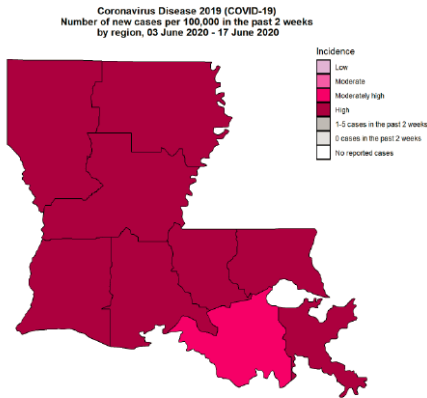


North Oaks COVID-19 Fast Facts Sheet

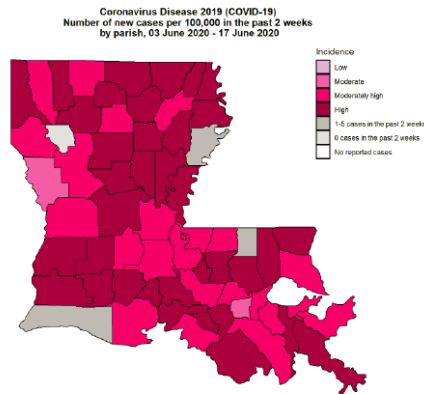
COVID incidence is high in all but one region

Two-week incidence by region



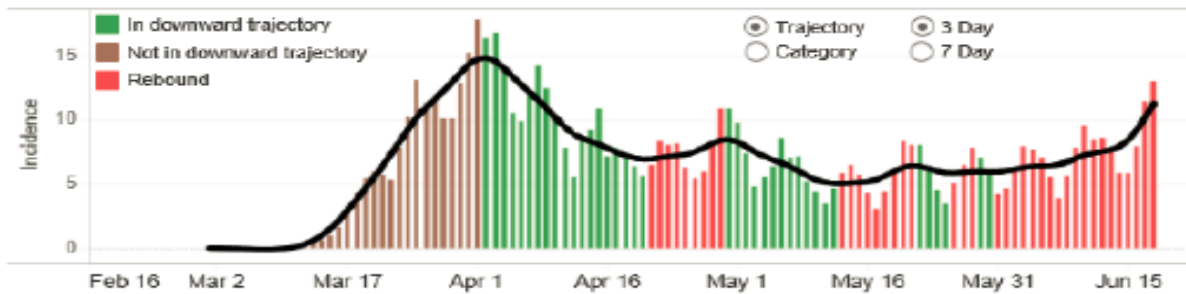
Note: Defined using the number of new cases per 100,000 in the past 2 weeks. Low is >0 to 10, moderate is >10 to 50, moderately high is >50 to 100, and high is >100. Regions denoted as 0 cases in the past 2 weeks have had at least 1 case previously.

Two-week incidence by parish

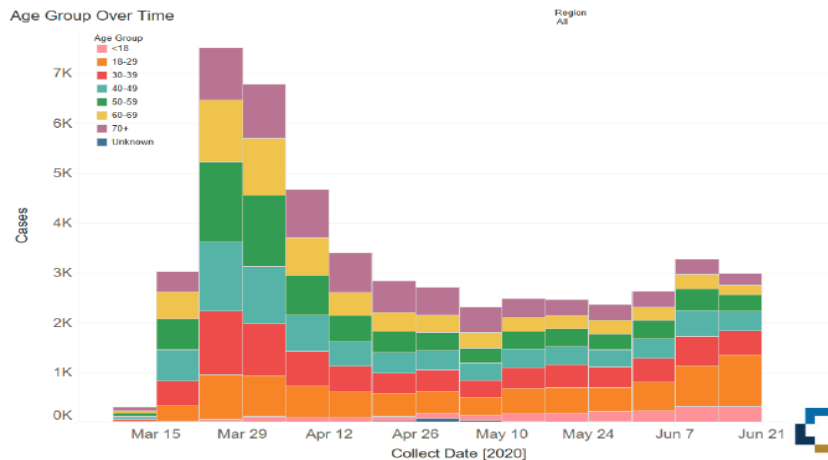


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Gating Indicators | Region 9 - Northshore



New cases growing fastest among young adults



North Oaks COVID-19 Fast Facts Sheet

1. When is testing recommended?

Current CDC guidance recommends testing be performed on any symptomatic person. Symptoms are defined as fever, (greater than 100.4F, without the use of fever-reducing medication), chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, nausea or vomiting or diarrhea.

Additionally, close contacts of confirmed positive individuals can *consider* testing depending on many factors. This includes being an individual with identified risk factors for poor outcomes due to COVID-19, which includes people more than 65 years of age and those who live in a nursing home or long-term care facility.

Others at risk are people of *all* ages with underlying medical conditions, particularly if not well controlled, including: those with chronic lung disease, moderate to severe asthma, serious heart conditions, severe obesity (body mass index [BMI] of 40 or higher), diabetes, chronic kidney disease undergoing dialysis, liver disease, and those who are immunocompromised (including cancer treatment, smokers, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV and prolonged use of corticosteroids and other immune weakening medications).

2. What is considered a close contact exposure?

A close contact exposure is having a household contact or being within 6 feet of an individual **AND** having a prolonged exposure of greater than or equal to 15 continuous minutes with no barrier (facemasks) with a *confirmed or suspected COVID-19* individual. The timeframe for close contact exposure includes the time period from 48 hours before symptom onset until the *confirmed or suspected COVID-19* individual meets criteria for discontinuing home isolation.

3. What if I have been identified as a close contact exposure?

- a. If you are identified as a close contact, CDC guidance recommends you stay home (self-isolate) until 14 days after last exposure and maintain social distance (at least 6 feet) from others at all times in household.
- b. Self-monitor for symptoms and if any develop symptoms during the above time, you should contact your healthcare provider immediately.
- c. Avoid contact with people at higher risk of severity of illness from COVID-19.

4. What is the optimal time to get tested for a close contact of a positive individual?

If you choose to get tested please note it takes 4-7 days on average for an individual exposed to **express enough viral particles** for the molecular test to be positive. Therefore, most health care professionals recommend the optimal time to perform a test on an *asymptomatic* close contact is 7 days after the close contact exposure with a known COVID-19 positive individual.

Even if an exposed individual tests *negative* for COVID-19 prior to the end of the 14-day post exposure period, he or she still needs to remain at home with social distancing for the remainder of the 14 days.



www.northoaks.org/covid-19

North Oaks COVID-19 Fast Facts Sheet

5. What are the current available types of COVID-19 testing and how does one interpret the results?

There are two main types of testing – *antibody and molecular testing*.

Antibody testing

This is a blood test designed to identify if an individual has developed a specific antibody to the COVID-19 virus. In general, this test identifies someone who has been exposed to the virus in the *past*. Currently finding these antibodies in an individual has inconsistent interpretations as it is unknown if the antibodies protect, show active disease or another human coronavirus. Thus this type of testing can incorrectly give an individual a false sense of security that he or she cannot get or spread the virus.

Molecular testing

This is the “nasal swab test” that identifies if an individual has virus in the nasal cavity at the *time* of the test. It does not tell an individual if a person has had the virus in the distant past. In general, it identifies those individuals currently infected who are potentially infectious to other individuals. Although all molecular testing occurs through a process called polymerase chain reaction (PCR), different molecular analyzers provide significant differences in diagnostic accuracy. All molecular tests are not the same.

Antibody testing is *not* a good measurement of a **current** infection as antibodies take many days to develop.

Conversely, *molecular testing* is *not* a good measurement of **past** infection.

6. Why does everyone keep running out of molecular or the nasal swab test?

Testing supplies to perform *accurate* rapid testing has been severely limited on a national level due to unprecedented worldwide demand leading to shortages. While there are multiple different platforms used for testing, a hospital system has to evaluate and determine which will be best to serve the needs of its community while complying with the U.S. Food and Drug Administration (FDA).

Commonly used molecular analyzers have about a 1-2% false negative rate but these FDA-approved rapid analyzers and supplies remain on allocation only. Also some analyzers (frequently advertised as a “15-minute” test) can have up to 35-50% false negative rates. A false negative is a “negative” reported result in a person who is actually positive and giving a false sense of safety. North Oaks Health System and others have chosen not to use these analyzers because of the lack of acceptable sensitivity of the analyzer, but other options are available.

7. Where is outpatient COVID-19 testing available in Tangipahoa Parish?

In Tangipahoa Parish, COVID testing can be obtained from multiple sources:

North Oaks Health System: Outpatient testing is currently sent to an outside national lab. Turn-around time on these tests can vary widely. Results reporting can range from 24 hours to many days depending on national demand. North Oaks Health System offers and performs rapid molecular testing, but this is being reserved for those meeting unique testing criteria to optimally protect and guide clinical treatment of our patients, employees and community. Call (985) 230-2778 to schedule your COVID-19 test.

Louisiana Department of Health (LDH): Outpatient testing has been developed with testing site locations throughout Tangipahoa Parish. Information on site locations and dates of testing can be found on the Tangipahoa Parish Government website, www.tangipahoa.org. Testing through LDH does not require a physician’s order and are offered free of charge.

Local Healthcare Providers: Other area health care providers, including your primary care physician, may offer testing or guide you to other testing locations.



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