

COVID-19 TESTING: Positive Test Numbers Do Not Reflect Active Infections

by Michael Tracy, MD, FACP

March 21, 2020

The three front-line primary care physicians at 307Health believe the low number of reported positive COVID-19 test numbers in Wyoming could be misleading to the public, government officials, and healthcare providers and affecting their decision-making and preparation timelines. This past week, a family in California called us for more information as they consider a temporary move to Wyoming because of our low COVID-19 numbers. There are also people in our communities who feel the current approach to “flattening the curve” is government overreach because Wyoming has so few positive cases. Doing few COVID-19 tests has resulted in the illusion that there is little active disease in our communities.

BACKGROUND

COVID-19 testing by the Wyoming Department of Health was initially only being done on patients with clinical disease severe enough to require hospitalization. Wyoming had its first “test positive” case on March 11. Ten days later, there are 23 confirmed cases. The number of active COVID-19 cases in Wyoming as defined by a positive test result is still quite low. This low number is a result of the minimal amount of testing done to date and should not be taken as an indication that COVID-19 is not in our communities.

IN THE TRENCHES – OUTPATIENT MANAGEMENT

In Park County, physicians and other healthcare providers are practicing outpatient medicine without COVID-19 testing as an option for symptomatic people who are not hospitalized. This type of care delivery resembles the practice of remote missionary medicine during a viral epidemic outbreak. In missionary medicine, well-trained health professionals may recognize the disease and know the cause, symptoms, transmission pattern(s) and complications, but not have the luxury of using verifiable sample testing to guide decision-making. In this situation, patients showing symptoms that may be from COVID-19 should be assumed to have COVID-19. Diagnosis is not “until proven otherwise” because testing is not available in the outpatient setting. Therefore, the only way to curb the epidemic is social distancing and keeping people separated to mitigate the spread.

IN THE TRENCHES – HOSPITAL MANAGEMENT

Hospital management of COVID-19 would ideally include testing to guide placement of patients in a negative pressure isolation room – the type of isolation room where a patient with suspected COVID-19 infection would be properly housed. However, the current test for COVID-19 involves a two-to-four-day turnaround time frame. Between the six hospitals in the Bighorn Basin, there are a total of six negative pressure isolation hospital rooms - two rooms in Worland

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and four rooms in Cody. Between all the communities in the Big Horn Basin, it is anticipated that the number of hospitalized patients with presumed COVID-19 will quickly exceed the number of available negative pressure isolation rooms. Hospitals will also need to have fluid contingency planning to adjust patient placement and staffing needs when facing the increased demand of caring for patients with COVID-19.

MOVING FORWARD

Once widespread testing is available to everyone, it will still be useful for epidemiologic purposes. However, it is little help to the healthcare delivery system or our communities to wonder why testing is not more readily available to most citizens. Now is not the time for finger-pointing about the lack of testing. COVID-19 will continue to spread with or without testing. While NBA players, actors and politicians have been tested without displaying any symptoms that warrant hospitalization, testing is not a possibility for ordinary citizens and many of the people caring for them on the front lines. It is also important to note that a positive test would not change the outpatient management of this disease.

Uncertainty is a great driver of fear. We recognize that lack of widespread testing is part of this uncertainty. On the individual level, people with COVID-19 symptoms that do not require hospitalization may still be fearful for themselves and their loved ones if they do not know the cause of their respiratory illness. On the community, state and national levels, uncertainty regarding the effects of the novel coronavirus on our healthcare system and economy are also causing anxiety and fear. This uncertainty is driving us into more than one new normal and forcing re-arrangement of our priorities. Now is the time to recognize the importance of proceeding together as a unified community while awaiting the increased availability of widespread testing.

For our individual and collective good in the long run, each of us now needs to follow the Wyoming Department of Health's short-term instructions to stay at home except for essential service provisions and outings.

ABOUT THE AUTHOR

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