

Prevention

What can I do to prevent getting sick from COVID-19?

To prevent the spread of COVID-19, use these infection-prevention practices:

- If you're sick, stay home. Call the St. Luke's hotline at 208-381-9500 if you suspect you have the virus and feel you need evaluation for symptoms.
- Wash your hands often with soap and water for 20 seconds or use alcohol-based hand sanitizer.
- Cover your mouth and nose with a tissue or your sleeve – not your hands – when coughing or sneezing.
- Clean your home, workspace, shared items and other frequented locations.
- Avoid unnecessary contact with sick individuals. If you have a choice to congregate with strangers indoors or not, choose not to. If there is an option to change a congregate gathering with strangers to outdoors, make that choice.
- Everyone over the age of 2 should always wear a face covering in public, particularly when indoors with strangers.
- Keep physical distance from others; the Centers for Disease Control and Prevention (CDC) has recommended a 6-foot distance.

Should I be wearing a face covering or mask?

The short answer is yes. Face coverings have been shown to significantly reduce rates of transmission.

In our area, local municipalities have regulated face coverings in different ways. Follow local ordinances and recommendations in the specifics, and err on the side of caution when possible where a universal masking rule is not in place, wearing a face covering in public, particularly in indoor and enclosed spaces.

In addition, St. Luke's recommends following current guidance from the CDC. The CDC continues to study the spread and effects of the novel coronavirus across the United States. Recent studies indicate that a significant portion of individuals with COVID-19 lack symptoms, and that even those who eventually develop symptoms can transmit the virus to others before showing symptoms. Accordingly, the CDC recommends cloth face coverings in public settings, particularly where other physical distancing measures are difficult to maintain (e.g., grocery stores and pharmacies) **especially** in areas of significant community-based transmission.

Vaccines and Treatments

Is there a vaccine for COVID-19?

There is currently no vaccine to protect against COVID-19. The estimate is that it will be three to 12 months before there might be one.

Moreover, we do not know how effective a vaccine may be. Specifically, we do not know if it may prevent illness or just reduce the severity. The best way to prevent infection is to avoid being exposed to the virus that causes COVID-19.

Is there a treatment for COVID-19?

There is no specific antiviral treatment for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms. There have been a number of important incremental improvements in the medical treatment of individuals who are acutely ill with COVID-19. There is no drug or therapy that would be considered curative or that would render the disease harmless; investigational trials are underway, and this could change in the future.

Will we have to live with COVID-19 until there is a vaccine?

We do not yet know enough about immunity to COVID-19 to predict how the virus will move through our community going forward. Early results of testing show that not enough people have built up immunity, which comes with the production of antibodies, to prevent the spread. In addition, recent studies have suggested that antibodies, once produced, may not last beyond a few months. This means that until an effective vaccine is developed and deployed, and there is significant immunity, our community will likely continue to see spread of the virus.

Can people who recover from COVID-19 be infected again?

The immune response to COVID-19 is not yet understood. Patients with COVID-19 are unlikely to be re-infected shortly after they recover, but it is not yet known if patients with COVID-19 become immune once they've contracted the virus.

Testing

What do we know about COVID-19 testing?

Timely and accurate testing for the virus SARS-CoV-2, the cause of COVID-19, allows providers to make real-time decisions when caring for patients. It also helps our health system and other health agencies plan and prepare for potential future outbreaks.

Today, there are two main types of testing.

Molecular Test, commonly referred to as Polymerase Chain Reaction (PCR) test.

- **Method:** Collection of material from nose or mouth.
- **What it tells us:** Molecular testing identifies if the virus that causes COVID-19 is present. It does not indicate whether the virus is still infectious at the time of the test, but it's as close as we can get at this time to knowing whether there is active infection.
- **When it's used:** This type of test is most effective when symptoms first appear. It may also detect the virus one to two days before symptoms start and for a limited time after symptoms resolve. Testing outside of a very narrow window of time is not reliable.
- **Why it's helpful:** Molecular testing is helpful to diagnosis people with COVID-19 and help guide an appropriate isolation, treatment and care plan.

Serologic Test, more commonly known as an antibody test.

- **Method:** Blood test.
- **What it tells us:** It detects antibodies present in people who have had the virus and recovered. Antibodies are generated over time as the body responds to or fights off an infection. Production typically starts five to seven days after the initial infection, but may not be detected until days later.
- **When it's used:** Antibody tests are best used more than 17 days after COVID-19 symptoms began. These tests are not helpful to providers caring for patients in the early stages of COVID-19 because antibodies may not show up. You should not get this test if you have active COVID-19 symptoms such as a fever, cough, shortness of breath, chills, headache, muscle pain, sore throat or recent loss of taste and/or smell.
- **Test limitations:** Development of tests is ongoing, and accuracy varies substantially. It's also not clear yet if there is a correlation between SARS-CoV-2 antibodies and protection from future COVID-19 infection.
- **Usefulness:** At this time, antibody tests are most appropriate to study the disease, track patterns and help determine community prevalence and case surges. Serologic tests at the individual level may or may not be useful, but the results could help develop new treatments or a vaccine.

What is the status of testing capacity?

St. Luke's testing capacity, assuming we had no limits on test kits, supplies for collection and/or personnel, is about 1,800 tests per day. St. Luke's and other providers across the nation continue to see significant limitations in testing supply availability.

What is the status of testing demand?

Knowing that we will likely remain in a scarcity situation with testing capacity for the foreseeable future, we will be limiting our testing to patients with symptoms, where testing would facilitate a diagnosis and treatment, and certain asymptomatic patients where a test result would inform a clinical decision. Examples of the latter include patients prior to a potential discharge to a long-term care facility or patients prior to a potential surgical procedure.

Who Are We Testing?

St. Luke's offers COVID-19 testing to the following high-priority patients, in accordance with recommendations from the Idaho State Testing Taskforce:

- Patients with COVID-19 symptoms, as confirmed through myChart self-triage, nurse triage by phone or clinical evaluation.
- Asymptomatic patients under the following circumstances, between 24 and 48 hours prior to:
 - A planned surgery or specific approved procedures, such as cardiac procedures and upper endoscopy.
 - Discharge or transfer from a St. Luke's hospital to a long-term care or skilled nursing facility.

St. Luke's anticipates needing to periodically limit testing for asymptomatic patients, given supply limitations and to conserve supplies for highest-priority cases.

How can testing help us understand COVID-19 and help manage the spread?

While testing in and of itself is not a strategy, it is a critical tactic within a broader adaptive recovery framework.

In general, testing should be performed when it will inform an actual decision. Testing should not be performed as a "guarantee of immunity," with a plan to return to business as usual.

We continue to learn more about the COVID-19 virus, which means testing will continue to evolve. The pace of innovation already happening in this space is remarkable. Through the advancements, St. Luke's recommends thoughtful and informed consideration regarding the various testing options available. Testing choices should be made with current information in mind and in coordination with a medical provider.

Where can the public be tested for COVID-19?

For patients with COVID-19 Symptoms

Patients who think they are experiencing symptoms of COVID-19 are directed to the self-triage tool in myChart first to determine what to do next. Those without a myChart account can create one online. If self-triage indicates testing, appointments can be scheduled through myChart at designated clinic locations. You may also call our COVID-19 hotline for instructions or assistance at 208-381-9500.

Please note: You must have an appointment for testing. We are unable to accept walk-ins.

The following St. Luke's care facilities are offering specimen collection for symptomatic patients **by appointment only**:

- **Boise:** [St. Luke's Clinic – Family Medicine](#), 701 E. Parkcenter Blvd.
- **Jerome:** [St. Luke's Clinic – Jerome Family Medicine](#), 132 5th Ave. W.
- **Magic Valley:** [St. Luke's Clinic – Physician Center](#), 775 Pole Line Road W.
- **Meridian:** [St. Luke's Clinic – Ada Medical Associates](#), Portico East, 3399 E. Louise Drive.
- **Wood River:** [St. Luke's Clinic – Family Medicine](#), 1450 Aviation Drive, Hailey.
- **McCall:** [St. Luke's Clinic - Payette Lakes Family Medicine](#), 211 Forest St.
- **Baker City, Elmore, Fruitland and Nampa:** Call the St. Luke's triage hotline at 208-381-9500 for screening and triage. A member of the clinical staff will complete a risk assessment over the phone and provide guidance on next steps, which may include specimen collection for testing at a local facility.

Once an appointment is scheduled, patients will be instructed to drive to the clinic at their designated appointment time. Patients will stay in their cars, rather than enter the clinic. Staff members will meet patients in the parking lot to complete screening and specimen collection.

Please visit an emergency department if you need treatment for severe symptoms.

For asymptomatic patients (not exhibiting symptoms)

For any patient who is asymptomatic but may have had an exposure and does not meet the testing criteria above, we continue to recommend isolation after potential exposure, physical distancing, face covering, hand hygiene and frequent disinfection of high-touch surfaces.

Will I have to pay to be tested for coronavirus?

COVID-19 tests will be provided to anyone who is screened and meets criteria based on their symptoms and/or exposure. St. Luke's is available to screen to determine if testing is needed. St. Luke's will bill your insurance company; however, you will not have an out-of-pocket or co-payment, regardless of your test result. If you do not have insurance, St. Luke's will not bill you for the test, regardless of the test result, and you will not be required to prove a need for assistance.

How long will it take to get my test results?

Tests performed internally at St. Luke's can be turned around within about a day. Currently, St. Luke's is not sending tests to outside reference laboratories, given the lengthy turnaround times. A positive test will result in a phone call and all results will be added to myChart. If you are tested at a site that uses an outside laboratory, turnaround times will be variable. Due to surging national demand, we are seeing turnaround times of five to seven days.

Community Information and Resources

Where do I go for coronavirus information?

Members of the public can obtain information from local health departments and state entities through online and telephone resources.

How do I respond to a community member who asks how many confirmed or positive cases we are treating?

The Central District Health site features a county-by-county case count and the Idaho Department of Health and Welfare site provides statewide information.

How do I respond to a community member who asks if we will announce how many confirmed/positive cases we are treating?

We will not announce confirmed positive cases. When a confirmed case of COVID-19 is identified at any of our facilities, the care team collaborates with public health agencies on the care and support of the patient. Positive cases are reported to state agencies and reflected in the Central District Health and Department of Health and Welfare dashboards.

Where can I find more information around COVID-19 testing and resources from St. Luke's?

St. Luke's has a COVID-19 resource webpage that is updated regularly. Check the page often for updated information and resources:

<https://www.stlukesonline.org/blogs/st-lukes/notes-and-announcements/2020/jul/st-lukes-covid-19-resuming-services-resources-for-patients>