INCIDENTAL EVIDENCE OF POSSIBLE COVID-19 IN CT PATIENTS

Background:

- A large proportion, **up to 80%** in some studies, of SARS-CoV-2 infected patients are either asymptomatic or (more likely) pre-symptomatic [1]
- These patients will not be screened out by current requests to stay away if they have symptoms
- If capacity continues to allow, it is important for us to identify potentially infected patients at the time of scanning to reduce the risk to contacts and to enable appropriate cleaning of the scanner. This may change if cases escalate beyond the capacity to check “on the fly”
- Of note: seasonal flu has all but disappeared from the end of February both locally and nationally, according to reported data. This increases the pre-test probability of lung changes being COVID
- There is no current guidance either nationally or internationally regarding the incidental detection of probable COVID in asymptomatics/presymptomatics at imaging
- There is insufficient data regarding the duration and nature of lung findings both following recovery, and prior to symptom onset
- Any patients with lung changes concerning for COVID-19 therefore have to be assumed to be currently infectious

1. Day, M, BMJ 2020;369:m1375 doi: https://doi.org/10.1136/bmj.m1375)

Therefore:

- The radiographers will inspect the lungs for obvious abnormalities

- If there are any concerns, they will request an appropriately qualified radiologist review the images – which may be remotely. This can be by calling **level 2 reporting on 586718** or whatever method is appropriate (eg level 2 XR on **216531**)

- If "definite" or "probable" COVID as defined by BTIS guidelines:

    1. Patient to to remain in CT scanning room
    2. Radiographer (wearing scenario 1 PPE) to inform the patient of the result along the following lines:

        - *"There are changes consistent with a viral infection, although other explanations are possible. It is safest to assume this may be coronavirus-related"*

        - Ask the patient if they are symptomatic – if so, they should **self-isolate for 7 days**
        - If they are asymptomatic, they should **isolate for 14 days**
        - They do not need to contact NHS 111, and will not undergo confirmatory testing unless they subsequently need hospital care
        - Patients notified as being "High risk" are already undertaking "shielding" for at least 12 weeks. This advice is unchanged, however if they are symptomatic they should contact NHS 111 as per the patient information sheet (see below)

    3. Patient to be given our information sheet and given the time to read it as appropriate. This should cover any questions they have. They are also to be given the more general PHE information sheet containing further guidance & information, which they may prefer to take home to digest.

    4. If the patient has further questions the radiographer feels unable to answer, and which are not addressed in the information sheets, a radiologist can be called to talk to the patient

    5. In the radiology report, please include "*Patient informed of findings at the time of imaging, given information sheet and advised to self-isolate based on PHE guidance*". This removes the need to contact the referrer. A smart text has been generated for this entitles "COVIDINCIDENTAL" under D Bowden's username. (Instructions on how to obtain/copy this is as per Tilak's email of 24th March)

- If an inpatient, and there is no documented clinical suspicion of COVID, the clinical team should be informed directly in addition to the formal report

Examples:

Classic COVID-19: