

Montana Health Alert Network

DPHHS HAN

UPDATE

Cover Sheet

DATE

March 9, 2020

SUBJECT

Update and Interim Guidance on Outbreak of Coronavirus Disease 2019 (COVID-19)

INSTRUCTIONS

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DPHHS CDCP

**Epidemiology Section
1-406-444-0273**

For technical issues related to the HAN message contact the Emergency Preparedness Section at 1-406-444-0919

DPHHS Health Alert Hotline:
1-800-701-5769

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Categories of Health Alert Messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

Information Service: passes along low level priority messages that do not fit other HAN categories and are for informational purposes only.

Please update your HAN contact information on the Montana Public Health Directory

DPHHS HAN

Information Sheet



DATE

March 9, 2020

SUBJECT

Update and Interim Guidance on Outbreak of Coronavirus Disease 2019 (COVID-19)

SITUATION UPDATE

State and local public health agencies and the Centers for Disease Control and Prevention (CDC) continue to closely monitor and respond to the COVID-19 outbreak caused by the novel coronavirus, SARS-CoV-2. While there are no reported cases of COVID-19 in Montana currently, all stakeholders.

This CDC Health Alert Network (HAN) Update highlights guidance and recommendations for evaluating and identifying patients who should be tested for COVID-19 that were shared on March 4, 2020, on the CDC COVID-19 website at <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>.

This guidance supersedes the guidance and recommendations provided in CDC's HAN 428 distributed on February 28, 2020.

Epidemiology Update

At this time there are zero COVID-19 cases reported in Montana.

Contact Stacey Anderson for more information at sanderson2@mt.gov.

Laboratory Update

The Montana Public Health Laboratory (MPHL) is conducting testing on patients that meet the guidelines in the attached CDC HAN message. Nationally, testing supplies are limited so we will continue to ask providers with a patient of interest to work through their local county health contacts to assist with assessment and facilitate testing when indicated.

Specimens received by the MPHL Monday through Friday by 11:00 AM will generally be tested the same day. Specimens received after 11:00 AM will generally be tested next business day. Testing volumes may impact turn-around times. Please see the attached laboratory facts sheet for more information on testing and contact information for the MPHL.

Providers ordering testing through commercial laboratories are asked to contact their local public health department to report the case as suspect. In most cases, public health will simply evaluate the possible impact of a potential case and assist with rumor control. Reference laboratories conducting testing will be instructed to submit positive tests to the MPHL for testing and report test results to DPHHS electronically if possible.

Contact Deborah Gibson for more information at debgibson@mt.gov.

EMERGENCY MEDICAL SERVICES

Recommendations

See Health Care Workers recommendations under the Health Care section.

Contact Jim Detienne for more information at jdetienne@mt.gov.

HEALTH CARE

Hospitals & Long-Term Care Facilities

While COVID-19 transmission has not been reported in Montana at this time, DPHHS is strongly advising that facilities limit or restrict most visitation at this time. Populations in long term care and acute hospital settings are known to be particularly vulnerable to COVID-19 and its complications.

Recommendations

CDC guidelines recommend other actions that can be taken to protect workers, residents and patients in these setting.

- Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities (LTCF)
<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>
- Steps Healthcare Facilities Can Take Now to Prepare for Coronavirus Disease 2019 (COVID-19)
<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html>

Health Care Workers

Healthcare workers (HCW) are at risk for becoming infected with COVID-19 through workplace exposures. Guidance is available to assist with the assessment of risk, monitoring, and work restriction decisions for HCW with potential exposure to COVID-19 to minimize the risk of transmission to and from HCWs. When making decisions to allow or restrict a HCW from patient care, assessment will be based on a number of variables.

Recommendations

Here is a list of considerations:

- Is there transmission identified in the locale where the HCW lives?
- If the HCW is ill, what are the symptoms?
- When a HCW has a known exposure to a COVID-19 case, were they exposed in a community or travel setting, or were they exposed in an occupational setting?
 - For community or travel exposures, local public health offices should follow the [Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease \(COVID-19\) Exposure in Travel-associated or Community Settings.](#)
 - For guidance pertaining to occupational exposures to COVID-19, local public health should follow the [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease \(COVID-19\)](#)

Healthcare settings are sensitive settings for the transmission of communicable disease. HCW who display symptoms consistent with COVID-19 (fever, shortness of breath, cough), and other influenza-like symptoms should not be performing patient care.

Facilities may wish to consider implementing basic health screening for workers providing direct patient care to ensure staff providing care or free of symptoms of concern. In the event COVID-19 transmission is detected in the community, additional screening measures may be recommended.

Contact Don McGiboney for more information at DMcGiboney@mt.gov.

Clinicians

Recommendations

Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). Priorities for testing may include:

1. Hospitalized patients who have signs and symptoms compatible with COVID-19 in order to inform decisions related to infection control.
2. Other symptomatic individuals such as, older adults (age \geq 65 years) and individuals with chronic medical conditions and/or an immunocompromised state that may put them at higher risk for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease).
3. Any persons including healthcare personnel, who within 14 days of symptom onset had close contact with a suspect or laboratory-confirmed COVID-19 patient, or who have a history of travel from affected geographic areas⁵ (see below) within 14 days of their symptom onset.

There are epidemiologic factors that may also help guide decisions about COVID-19 testing. Documented COVID-19 infections in a jurisdiction and known community transmission may contribute to an epidemiologic risk assessment to inform testing decisions. Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza).

Mildly ill patients should be encouraged to stay home and contact their healthcare provider by phone for guidance about clinical management. Patients who have severe symptoms, such as difficulty breathing, should seek care immediately. Older patients and individuals who have underlying medical conditions or are immunocompromised should contact their physician early in the course of even mild illness.

Please see the attached CDC HAN message for complete detail.

Contact Jen Miller for more information at jennifer.miller@mt.gov.

LOCAL PUBLIC HEALTH DEPARTMENTS

Recommendations

NSTR - Contact Jen Miller for more information at jennifer.miller@mt.gov.

SCHOOLS

Recommendations

NSTR - Contact Jen Miller for more information at jennifer.miller@mt.gov.

GENERAL INFORMATION

Recommendations

NSTR - Contact Jen Miller for more information at jennifer.miller@mt.gov.

How do I order a COVID-19 PCR test?

- You must first consult with local and/or state public health prior to ordering any testing.
- Once approved, the state public health laboratory will walk you through the ordering process.

Timing of Specimen Collection

Specimens should be collected as soon as patient is identified as a suspected COVID-19 case regardless of symptom onset.

Specimen Types

Collect a **nasopharyngeal** and **oropharyngeal** swab using only those with a synthetic tip (e.g., polyester, dacron) and an aluminum or plastic shaft.

*Place both swabs into a **single tube** of viral transport media or universal transport media.

Do not use swabs with cotton tips and wooden shafts or swabs made of calcium alginate.

A sputum sample may be collected if the patient has a productive cough and placed in a sterile container. Induction of sputum is not recommended.

Specimen Storage

Refrigerate all specimens promptly after collection. Specimens should be shipped within 72 hours of collection on cold packs.

Only freeze if transport will be over 72 hours.

Specimen Labeling and Documentation

All specimens must be labeled with:

- *Patient name and a unique identifier, such as medical record # or date of birth
- *Specimen type
- *Date collected

For more information please visit

<https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>

How do I fill out the requisition?

Use MTPHLs standard Public Health Laboratory Request Form and write COVID-19 test in the "Comments" section.

Be sure to fill out all Patient Information and Specimen Details, including Date of Onset.

When are results available?

PCR results are typically available the same day the specimen is received at MTPHL Mon–Fri. *STAT weekend testing is available upon consultation.*

If the specimens need to be submitted to CDC, the results should be available within 3-days of receipt.

How do I transport the specimen to the laboratory?

- Once approved, the specimens may be transported by courier or overnight by FedEx or UPS
- Specimens must be placed into a box, packaged as Category B and sent in cold condition.

Safety Note

Health care personnel collecting clinical samples from potentially infectious patients should follow infection prevention and control recommendations.

Sample processing should be performed in at least a Class II biological safety cabinet following a minimum of biosafety level 2 guidelines. Please refer to the CDC website for specimen handling and biosafety guidelines.

<https://www.cdc.gov/coronavirus/2019-nCoV/lab/index.html>

Who should I contact for testing information?

- MTPHL lab toll free number 1-800-821-7284
- Collection supplies available upon request.

This is an official **CDC HEALTH UPDATE**

Distributed via the CDC Health Alert Network
March 08, 2020, 8:20 PM ET
CDCHAN-00429

Updated Guidance on Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19)

Summary

The Centers for Disease Control and Prevention (CDC) continues to closely monitor and respond to the COVID-19 outbreak caused by the novel coronavirus, SARS-CoV-2.

This CDC Health Alert Network (HAN) Update highlights guidance and recommendations for evaluating and identifying patients who should be tested for COVID-19 that were shared on March 4, 2020, on the CDC COVID-19 website at <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>. It supersedes the guidance and recommendations provided in CDC's HAN 428 distributed on February 28, 2020.

The outbreak that began in Wuhan, Hubei Province, has now spread throughout China and to 101 other countries and territories, including the United States. As of March 8, 2020, there were more than 105,000 cases reported globally. In addition to sustained transmission in China, there is now community spread in several additional countries. CDC has updated travel guidance to reflect this information (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>).

As of March 7, 2020, there were a total of 213 cases within the United States, of which, 49 were among repatriated persons from high-risk settings. Among the other 164 cases that were diagnosed in the United States, 36 were among persons with a history of recent travel in China or other affected areas, and 18 were persons in close contact with another confirmed COVID-19 patient (i.e., person-to-person spread); 110 cases are currently under investigation. During the week of February 23, community spread of the virus that causes COVID-19 was reported in California in two places, Oregon, and Washington. Community spread in Washington resulted in the first reported case of COVID-19 in a healthcare worker, and the first outbreak in a long-term care facility. The first death due to COVID-19 was also reported from Washington; there have now been 11 reported deaths in the U.S. from COVID-19. As of March 7, 2020, COVID-19 cases had been reported by 19 states. CDC will continue to work with state and local health departments, clinicians, and laboratorians to identify and respond to other cases of COVID-19, especially those with an unknown source of infection, to limit further community spread. The most recent update describing COVID-19 in the United States can be found at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>.

Recognizing persons who are at risk for COVID-19 is a critical component of identifying cases and preventing further transmission. With expanding spread of COVID-19, additional areas of geographic risk are being identified and the criteria for considering testing are being updated to reflect this spread. In addition, with increasing access to testing, the criteria for testing for COVID-19 have been expanded to include more symptomatic persons, even in the absence of travel history to affected areas or known exposure to another case, to quickly detect and respond to community spread of the virus in the United States.

Criteria to Guide Evaluation and Laboratory Testing for COVID-19

Clinicians should work with their local and state health departments to coordinate testing through public health laboratories. In addition, COVID-19 diagnostic testing, authorized by the Food and Drug Administration under an Emergency Use Authorization (EUA), is becoming available in clinical laboratories. This additional testing capacity will allow clinicians to consider COVID-19 testing for a wider group of symptomatic patients.

Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Most patients with confirmed COVID-19 have developed fever¹ and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). Priorities for testing may include:

1. Hospitalized patients who have signs and symptoms compatible with COVID-19 in order to inform decisions related to infection control.
2. Other symptomatic individuals such as, older adults (age \geq 65 years) and individuals with chronic medical conditions and/or an immunocompromised state that may put them at higher risk for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease).
3. Any persons including healthcare personnel², who within 14 days of symptom onset had close contact³ with a suspect or laboratory-confirmed⁴ COVID-19 patient, or who have a history of travel from affected geographic areas⁵ (see below) within 14 days of their symptom onset.

There are epidemiologic factors that may also help guide decisions about COVID-19 testing. Documented COVID-19 infections in a jurisdiction and known community transmission may contribute to an epidemiologic risk assessment to inform testing decisions. Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza).

Mildly ill patients should be encouraged to stay home and contact their healthcare provider by phone for guidance about clinical management. Patients who have severe symptoms, such as difficulty breathing, should seek care immediately. Older patients and individuals who have underlying medical conditions or are immunocompromised should contact their physician early in the course of even mild illness.

International Areas with Sustained (Ongoing) Transmission

Last updated March 8, 2020

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

- China: Level 3 Travel Health Notice (<https://wwwnc.cdc.gov/travel/notices/warning/novel-coronavirus-china>)
- Iran: Level 3 Travel Health Notice (<https://wwwnc.cdc.gov/travel/notices/warning/coronavirus-iran>)
- Italy: Level 3 Travel Health Notice (<https://wwwnc.cdc.gov/travel/notices/warning/coronavirus-italy>)
- Japan: Level 2 Travel Health Notice (<https://wwwnc.cdc.gov/travel/notices/alert/coronavirus-japan>)
- South Korea: Level 3 Travel Health Notice (<https://wwwnc.cdc.gov/travel/notices/warning/coronavirus-south-korea>)

Recommendations for Reporting, Laboratory Testing, and Specimen Collection

Clinicians should immediately implement recommended infection prevention and control practices (<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>) if a patient is suspected of having COVID-19. They should also notify infection control personnel at their healthcare facility and their state or local health department if it is suspected that a patient may have COVID-19. State health departments that have identified a person suspected of having COVID-19 or a laboratory-confirmed case should complete a PUI and Case Report form through the processes identified on CDC's

Coronavirus Disease 2019 website (<https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html>). If specimens are sent to CDC for laboratory testing, state and local health departments can contact CDC's Emergency Operations Center (EOC) at 770-488-7100 for assistance with obtaining, storing, and shipping, including after hours, on weekends, and holidays

Guidance for the identification and management of potentially exposed contacts of a confirmed case of COVID-19 can be found in Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposures: Geographic Risk and Contacts of Laboratory-confirmed Cases (<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>).

Separate guidance for the management of potentially exposed contacts of a COVID-19 case who are healthcare personnel is provided in Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19) (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>).

For initial diagnostic testing for COVID-19, CDC recommends collecting and testing upper respiratory tract specimens (nasopharyngeal AND oropharyngeal swabs). CDC also recommends testing lower respiratory tract specimens, if available. For patients who develop a productive cough, sputum should be collected and tested for SARS-CoV-2. The induction of sputum is not recommended. For patients for whom it is clinically indicated (e.g., those receiving invasive mechanical ventilation), a lower respiratory tract aspirate or bronchoalveolar lavage sample should be collected and tested as a lower respiratory tract specimen. Specimens should be collected as soon as possible once a person has been identified for testing, regardless of the time of symptom onset. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation (PUIs) for COVID-19 (<https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>) and Biosafety FAQs for handling and processing specimens from suspected cases and PUIs (<https://www.cdc.gov/coronavirus/2019-ncov/lab/biosafety-faqs.html>).

¹Fever may be subjective or confirmed

²For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel. Additional information is available in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19) (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>).

³Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case

– or –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

If such contact occurs while not wearing recommended personal protective equipment (PPE) (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met.

Additional information is available in CDC's updated Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings (<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>).

Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to healthcare personnel exposed in healthcare settings as described in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19 (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>).

⁴Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for COVID-19 patients in other countries.

⁵Affected areas are defined as geographic regions where sustained community transmission has been identified. For a list of relevant affected areas, see Coronavirus Disease 2019 Information for Travel (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>).

For More Information

More information is available at the COVID-19 website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

Categories of Health Alert Network messages:

Health Alert	Requires immediate action or attention; highest level of importance
Health Advisory	May not require immediate action; provides important information for a specific incident or situation
Health Update	Unlikely to require immediate action; provides updated information regarding an incident or situation
HAN Info Service	Does not require immediate action; provides general public health information

###This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, epidemiologists, HAN coordinators, and clinician organizations###