Montana Health Alert Network

DPHHS HAN
UPDATE
Cover Sheet

DATE

April 8, 2020

SUBJECT

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

INSTRUCTIONS

DISTRIBUTE to your local HAN contacts. This HAN is intended for general sharing of information.

- Time for Forwarding: **As Soon As Possible**
- Please forward to DPHHS at hhshan@mt.gov
- **Remove this cover sheet before redistributing and replace it with your own**

REMOVE THIS COVER SHEET BEFORE REDISTRIBUTING AND REPLACE IT WITH YOUR OWN

Please ensure that DPHHS is included on your HAN distribution list.
hhshan@mt.gov

Categories of Health Alert Messages:

 <u>Health Alert</u>: conveys the highest level of importance; warrants immediate action or attention.
 <u>Health Advisory</u>: provides important information for a specific incident or situation; may not require immediate action.
 <u>Health Update</u>: provides updated information regarding an incident or situation; unlikely to require immediate action.
 <u>Information Service</u>: 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

LOCAL HEALTH DEPARTMENT
reference only
DPHHS Subject Matter Resource for more information regarding this HAN, contact:

Epidemiology Section
1-406-444-0273

Epidemiology
Stacy Anderson SAnderson2@mt.gov

Laboratory
Debby Gibson debgibson@mt.gov

EMS
Jim Detienne jdetienne@mt.gov

Hospitals
Don McGiboney DMcGiboney@mt.gov

Long-Term Care
Erica Araos Erika.Araos@mt.gov

Public Health & Schools
Jen Miller jennifer.miller@mt.gov

Clinical & Other
Epi 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

DPHHS HAN Website:
www.han.mt.gov

Montana Health Alert Network

DPHHS HAN

Information Sheet

DATE

April 8, 2020

SITUATION UPDATE

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

Epidemiology Update

The number of reported cases in the United States has increased significantly over the past week. To date, over 374,400 cases of COVID-19 including 12,064 deaths have been reported in the U.S., with community wide transmission identified in many states across the nation.

Montana is reporting 332 cases of COVID-19 as of 9:00 am 4/8/2020. Of these, 31 individuals have been hospitalized and six have died. The median age of reported cases is 47.5 years (range: 1 – 91 years). Approximately half of Montana COVID-19 cases are female. To date four counties in Montana have declared that they are experiencing community-wide transmission (Gallatin, Yellowstone, Missoula, and Lewis and Clark).

This week Governor Bullock extended directives to help slow the spread of COVID-19 through April 24. The extension covers the stay at home order, school closures, on-premises dining and beverage operations, eviction and foreclosure suspensions and the mandatory 14-day self-quarantine for travelers coming into Montana for non-work-related travel.

A few things of note regarding case reporting:

- Tracking epi linked cases: CDEPI sent out a template tracking spreadsheet to assist with case and contact management. At this time there is no official case definition for COVID-19 from CDC so while we await this guidance, if you are made aware of individuals who are epidemiologically linked to lab confirmed cases that are clinically diagnosed with COVID-19, please consider the following:
    - Track these cases as epi linked in your spreadsheet
    - Consider having epi linked individuals tested if their own circle of contacts contains any new settings or anyone who is in a high-risk setting (healthcare, day care etc).
    - Cases should be made aware of and follow isolation requirements as if they are a lab confirmed case
- Please follow up with CDEPI when a case has been released from isolation.
- If you identify contacts to COVID-19 cases who reside in another jurisdiction or state, please remember to report this information to CDEPI so that they can be routed to the jurisdiction of residence promptly.
- Please enter cases into MIDIS and fax or epass COVID-19 PUI forms as soon as you can

For the latest Montana updates including a map of cases (updated once per day between 9:00 and 10:00 am): https://covid19.mt.gov

For Montana COVID-19 case demographic tables and epi curve:
https://dphhs.mt.gov/publichealth/cdepi/diseases/coronavirusmt/demographics

CDC case counts are found here: https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html

WHO case counts can be viewed here: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/

Laboratory Update

The volume of testing at the Montana Public Health Laboratory (MPHL) remains high and supplies continue to be limited. As a result, reporting times for patient results may vary. Again, please be judicious with ordering so we can accommodate the high priority patients within a reasonable turn-around time. Specimens received after 11:00 AM will generally be tested the following day.

Be aware that we are running multiple batches of tests per day.

You can check your facility's results at any time using our secured online results system, Copia: https://copia.hhs.mt.gov/. You will only be able to see results for your facility. Please share the login information within your laboratory, especially on different shifts, so results can be received more conveniently. This helps cut down on the number of the phone calls we receive during the day, as well as after hours and on weekends when the answering service takes over. If you are unsure of your login information or if your facility has not yet set up an account, please give us a call at 800-821-7284.

Also, we are having some issues with the samples being submitted in the culture transport systems. The tubes tend to leak, and they are also too long for the pipettes to fit down into, making them difficult to process. PLEASE NOTE, from now on, we are going to have to reject samples submitted in these longer tubes. You may use the swabs that come with these transport systems, as long as they are synthetic material, no calcium alginate, and no wooden shafts, but please place the swab into a separate sterile container that can be securely closed.

Please Do Not photocopy request forms. We are asking you to check around your facility for any photocopies of our requisitions, and to destroy them. Photocopies do not work with our scanning software, which forces us to have to manually enter all data. Under "normal" conditions, we have been able to deal with this issue, but now that we are processing 300-500 samples a day it has become very burdensome. Manual entry leads to increased errors in patient demographics and is also very time consuming. We are happy to provide you with a PDF of a requisition with your facility's information and you can use this to print originals. Thank you for helping us out. It is much appreciated.

If you have any questions or concerns, please call MPHL at 800-821-7284

EMERGENCY MEDICAL SERVICES

There is no new information or recommendations. Please refer to previous HANs for most recent guidance. The HANs are located at: https://dphhs.mt.gov/publichealth/han

HEALTHCARE

If you normally refer higher acuity patients to a trauma center, have you made preparations on measures you might need to take to maintain the patient in-house? Decompression plans to make more space if there is a surge?

Healthcare preparedness tools including Provider checklist, steps healthcare facilities can take, facility guidance, hospital tool to assess your readiness, nursing home and LTCF checklist, get your facility ready, mitigating staff shortages, and print material https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

1. Training for Healthcare Professionals: https://www.cdc.gov/coronavirus/2019-ncov/hcp/training.html. CDC has developed webinars for clinical care and infection control, personal protective equipment, non-pharmaceutical interventions, and emergency preparedness and response for healthcare professionals.
2. Resources for Hospitals and Healthcare Professionals Preparing for Patients with Suspected or Confirmed COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/hcp/preparedness-checklists.html. CDC has shared many resources for healthcare facilities preparing for COVID-19. In areas with community transmission of COVID-19, routine medical encounters and non-urgent elective procedures should be postponed except when:
   a. An in-person visit must be scheduled for some other purpose and the clinical preventive service can be delivered during that visit with no additional risk; or
   b. An individual patient and their clinician believe that there is a compelling need to receive the service based on an assessment that the potential benefit outweighs the risk of exposure to the virus that causes COVID-19.
3. Information for Healthcare Professionals: COVID-19 and Underlying Conditions: https://www.cdc.gov/coronavirus/2019-ncov/hcp/underlying-conditions.html. COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, **older adults** and **people of any age who have serious underlying medical conditions** might be at higher risk for severe illness from COVID-19.
4. Use of cloth face masks: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html. Surgical masks and N95 respirators are in short supply and should be reserved for healthcare workers or other medical first responders, as recommended by CDC guidance. Homemade masks are not recommended as PPE for healthcare personnel.
   HCP use of homemade masks: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html In settings where facemasks are not available, HCP might use homemade masks (e.g., bandana, scarf) for care of patients with COVID-19 as a last resort. However, homemade masks are not considered PPE, since their capability to protect HCP is unknown. Caution should be exercised when considering this option. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face.
5. Outpatient Hemodialysis Facilities: Interim Additional Guidance for Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Outpatient Hemodialysis Facilities: https://www.cdc.gov/coronavirus/2019-ncov/hcp/dialysis.html.
   As part of routine infection control, outpatient dialysis facilities should have established policies and practices to reduce the spread of contagious respiratory pathogens. The facility preparedness checklist for outpatient hemodialysis facilities can be found here: https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19-outpatient-dialysis.pdf.

PPE optimization https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

CLINICIANS

Recommendations

DPHHS strongly encourages health care providers to test suspected COVID-19 patients. Testing to identify infected individuals allows local and state public health professionals to conduct follow-up with cases and contacts to prevent further spread.

DPHHS continues to follow CDC guidance with respect to prioritization of testing and a summary is attached. Please remember to promptly report positives and highly suspect cases to local public health authorities to help ensure steps are taken to prevent risk to others.

LONG-TERM CARE

Recommendations

CDC continues to update information and resources for long-term care settings and we strongly encourage adherence to CDC and CMS guidelines. These guidelines address infection control practices intended to protect workers and residents. Updates can be found at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

LOCAL PUBLIC HEALTH DEPARTMENTS

Recommendations

Thank you for your work responding to cases and inquiries that have come your way. In order to help us all assess the progression of COVID-19 in Montana and implement appropriate control measures, we wanted to share the following reminders:

- o Please help us keep up to date on significant events related to your cases such as hospitalizations, deaths, and recoveries. This information is used by the State Emergency Command Center (SECC) to help with resource allocation and preparation efforts. Those involved in these activities appreciate your work to keep our information current.
- o Please share out of jurisdiction information with your CD/Epi contact promptly. This prevents confusion at many levels and is also in accordance with state rules to promote efficient functioning of the system while respecting local autonomy.
- o DPHHS has received the Governor's directive (attached) related to sharing of information with EMS, law enforcement and other partners. We are currently reviewing the impact and hope to make recommendations during our call this afternoon.

SCHOOLS

No Updates for this HAN.

Recommendations

 None

GENERAL INFORMATION

Medical Professionals in Montana May be Needed to Assist during the COVID-19 Pandemic

In the light of the COVID-19 pandemic, the Montana Healthcare Mutual Aid System (MHMAS) was officially launched on Friday, April 3rd. Since then we have had over 1,200 medical personnel sign up. MHMAS is the emergency system for the advanced registration of volunteer healthcare professionals for the State of Montana. MHMAS is a secure, web-based

online registration system used to register all levels of medical professionals to be used in a major disaster of a public health emergency.

Once you register you are under no obligation to respond to a request, you decide when and where you would like to respond. MHMAS does ask for personal information (e.g., SSN, and DOB, etc.) this is needed so we can conduct a background check once a request is made for a medical professional.

If your license is expired, inactive or terminated and you are interested in renewing to assist during this pandemic, please click here (web page will be developed by tomorrow) to visit the DLI web page.

If you would like to register or need more information please visit our web page @
https://dphhs.mt.gov/publichealth/phep/mhmas

Efforts to distribute PPE

The State has now received three shipments and is in the process of shipping a 3rd shipment of PPE from the Strategic National Stockpile (SNS). The first shipment was sent out on March 23rd to Hospitals, high volume EMS providers, federally quailed health care centers and State hospitals. All deliveries were completed by March 26th. The second shipment was shipped out on March 24th and to hospitals, long-term care center, and county and tribal DES. Those shipments were all delivered by March 30th.

PHEP received a 3rd shipment of PPE from SNS on March 30th and was shipped out to larger hospitals and hospitals with COVI-19 patients and the reminder was sent to county and tribal DES. The additional shipments should be received no later than April 10th.   If you have not received your shipment by close of business Friday, please contact Colin Tobin @ 406-444-3011 or Matt Matich @ 406-444-6072.

 We encourage everyone to keep working with you normal vendors to request supplies from them. If you need additional supplies, please submit the resource request to your local DES and they will submit it to the SECC.

OFFICE OF THE GOVERNOR
STATE OF MONTANA

STEVE BULLOCK
GOVERNOR

MIKE COONEY
LT. GOVERNOR

TO: Montanans; all officers and agencies of the State of Montana
FROM: Governor Steve Bullock
DATE: April 7, 2020
RE: Directive implementing Executive Orders 2-2020 and 3-2020 and providing for certain notifications to emergency services providers

Executive Orders 2-2020 and 3-2020 declare that a state of emergency exists in Montana due to the global outbreak of COVID-19 Novel Coronavirus.

Section 10-3-104(2)(a), MCA, authorizes the Governor, during a state of emergency, to "suspend the provisions of any regulatory statute prescribing the procedures for conduct of state business or orders or rules of any state agency if the strict compliance with the provisions of any statute, order, or rule would in any way prevent, hinder, or delay necessary actions in coping with the emergency or disaster."

COVID-19 is an easily transmissible, potentially fatal respiratory disease caused by a novel coronavirus. COVID-19 most frequently spreads person-to-person, but may also live on surfaces and remain in the air after someone coughs or sneezes for an unknown period of time, creating a range of opportunities for exposure. Montana currently faces a statewide emergency, with infections or the imminent threat of infections present all across the state. Accordingly, I have determined, in consultation with public health experts, healthcare providers, and emergency management professionals, that additional measures consistent with public health guidance are necessary throughout the entire State of Montana to protect law enforcement officers, firefighters, emergency care providers, corrections officers, and ambulance service attendants ("emergency services providers") and to preserve increasingly scarce healthcare resources.

The intent of this Directive is to ensure that emergency services providers are informed, when possible, of potential contact with a COVID-19-infected person so that they can perform their duties in the most safe and efficient manner. Several state and federal frameworks govern when emergency services providers may be notified of potential or prior contact with a person who has tested positive for COVID-19. Clarification is needed to align the provision of this notification during the emergency. Additionally, to the extent that present law could arguably prevent such notification, I find that strict compliance with such statutes or rules would prevent, hinder, or delay necessary action in coping with the emergency. All provisions of this Directive should be interpreted to effectuate this intent.

Therefore, in accordance with the authority vested in me under the Constitution, Article VI, Sections 4 and 13, and the laws of the State of Montana, Title 10, Chapter 3, MCA, and other applicable provisions of the Constitution and Montana law, I hereby direct the following measures be in place in the State of Montana effective immediately:

- Emergency services providers are to be notified of contact with COVID-19 positive individuals.
    - Effective immediately, strict compliance with the Montana Government Health Care Information Act (GHCI), §§ 50-16-601–611, MCA, is suspended for the duration of the

emergency to the limited extent that health care information in the possession of the department, a local board, a local health officer, or the entity's authorized representatives may be disclosed to an emergency services provider who may be at risk of coming into contact with a person who tested positive for COVID-19. The GHCI allows for the release of healthcare information "to medical personnel, the department, a local health officer or board, or a district court when necessary to implement or enforce state statutes or state or local health rules concerning the prevention or control of diseases . . . " Section 50-16-603, MCA. Because this provision does not account for all varieties of professionals who might come into contact with individuals suffering from COVID-19 in an emergency services provider capacity, such notice is permissible for the duration of the emergency when provided consistent with other laws.

- Entities subject to the GHCI must remain aware that disclosures made pursuant to this Directive remain subject to the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Privacy Rule (located at 45 CFR Part 160 and Subparts A and E of Part 164). Thus, HIPAA permits, for example, a covered county health department to disclose protected health information to a police officer or other person who may come into contact with a person who tested positive for COVID-19, for purposes of preventing or controlling the spread of the disease. *See* 45 CFR § 164.512(b)(1)(iv). However, that disclosure would still be subject the minimum necessary provisions of 45 CFR § 164.514 and other applicable requirements. For more information, please see: https://www.hhs.gov/sites/default/files/covid-19-hipaa-and-first-responders-508.pdf.

- While conducting communicable disease investigations and notifying contacts, state and local public health officials will give priority to notifying emergency services providers of their potential exposure.

o For the purposes of the federal Ryan White Act, SARS-CoV-2 (the virus causing COVID-19) has been added to the list of "Potentially Life-Threatening Infectious Diseases: Routinely Transmitted Through Aerosolized Droplet" by the Centers for Disease Control and Prevention. Section 2695 of the federal Ryan White Act (42 U.S.C. § 300ff-131) seeks: (1) to identify those potentially life-threatening infectious diseases to which emergency response employees may be exposed in responding to emergencies; and (2) describe the steps that medical facilities should follow to notify emergency services provider to allow for the timely diagnosis and post-exposure medical treatment of those exposures. For more information, please see: https://www.cdc.gov/niosh/docs/2020-119/pdfs/2020-119.pdf?id=10.26616/NIOSHPUB2020119.

o Emergency services providers and healthcare facilities are encouraged to review the provisions of §§ 50-16-701–712, MCA, related to when an emergency services provider may request notification of exposure to an infectious disease, including an airborne infectious disease, following an exposure while attending to a patient prior or during transport or assisting in transporting a patient to a healthcare facility.

- Federal changes allowing for notifications are integrated into state law for the duration of the emergency.
  o On March 13, 2020, Alex Azar, Secretary of the U.S. Department of Health and Human Services, pursuant to Section 1135(b) of the Social Security Act (42 U.S.C. § 1320b-5),

exercised the authority to waive sanctions and penalties against covered hospitals that do not comply with certain provisions of the HIPAA Privacy Rule. In order to align this waiver with state authorities:

- Strict compliance with provisions of Montana law related to Health Care Information Privacy Requirements for Providers Subject to HIPAA, including §§ 50-16-805 and 50-16-811 MCA, is suspended for the duration of the emergency, and only to the limited extent that these provisions would conflict with or preclude disclosures allowed by the federal waiver of HIPAA authorities intended to provide flexibility during this emergency.

- Further, to the extent that any other statute or administrative rule would preclude disclosures consistent with this Directive and allowed by federal law, including the recent federal waivers of the HIPAA Privacy Rule, strict compliance is hereby suspended during the emergency.

o For more information, hospitals should see: https://www.hhs.gov/sites/default/files/hipaa-and-covid-19-limited-hipaa-waiver-bulletin-508.pdf.

Authorities: Sections 10-3-103, -104, -302, and -305, MCA; §§ 50-1-103 and -202, MCA; Executive Orders 2-2020 and 3-2020; Montana Constitution, Art. VI, Sections 4 and 13; and all other applicable provisions of state and federal law.

Limitations
- This Directive is effective immediately and expires at the end of the declared state of emergency in Executive Orders 2-2020 and 3-2020.
- Any provisions of this Directive tied to the waiver of HIPAA provisions made under the Bioshield Act of 2004 (PL 108-276) and section 1135(b)(7) of the Social Security Act terminate immediately when the Presidential emergency declaration terminates.
- This Directive shall be implemented consistent with applicable law and subject to the availability of appropriations.
- This Directive is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the State of Montana, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

COVID-19 Symptoms: Fever, Cough, and Shortness of Breath

PRIORITY 1

Ensures optimal care options for all hospitalized patients, lessen the risk of healthcare-associated infections, and maintain the integrity of the U.S. healthcare system

- Hospitalized patients
- Healthcare facility workers with symptoms

1

2

PRIORITY 2

Ensures those at highest risk of complication of infection are rapidly identified and appropriately triaged

- Patients in long-term care facilities with symptoms
- Patients 65 years of age and older with symptoms
- Patients with underlying conditions with symptoms
- First responders with symptoms

PRIORITY 3

As resources allow, test individuals in the surrounding community of rapidly increasing hospital cases to decrease community spread, and ensure health of essential workers

- Critical infrastructure workers with symptoms
- Individuals who do not meet any of the above categories with symptoms
- Healthcare facility workers and first responders
- Individuals with mild symptoms in communities experiencing high numbers of COVID-19 hospitalizations

3

NON-PRIORITY

NON-PRIORITY

- Individuals without symptoms