Montana Health Alert Network

DPHHS HAN
UPDATE
Cover Sheet

DATE

April 23, 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**

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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.

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SITUATION UPDATE

Epidemiology Update

The number of reported cases in the United States continued to increase over the past week. To date, over *802,000 cases of COVID-19* including *44,574 deaths* have been reported in the U.S., with community wide transmission identified in many states across the nation.

Montana is reporting *442 cases of COVID-19 as of 9:00 am 4/23/2020*. Of these, 59 individuals have been hospitalized and fourteen have died. The median age of reported cases is 48 years (range: 1 – 98 years). Approximately half of Montana COVID-19 cases are female. To date five counties in Montana have declared that they are experiencing community-wide transmission (Flathead, Gallatin, Lewis and Clark, Missoula, and Yellowstone).

This week the latest COVID-19 EPI report on the state update including a summary of COVID-19 in Toole County was released and can be found here:
https://dphhs.mt.gov/Portals/85/publichealth/documents/CDEpi/DiseasesAtoZ/2019-nCoV/COVID-19EpiProfile.pdf

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

For additional 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 steady and is anticipated to increase as the state starts opening up. The MPHL is working towards expanding capacity. Although we are not there yet, we are hoping this expansion will allow us to test another 200-300 specimens per day, bringing our capacity up to 800 tests per day. *Our primary focus continues to be providing timely COVID-19 testing to those individuals who are highly suspect and have symptoms consistent with COVID-19 infection.* To help us with triaging specimens, we are asking that you to document the priority of your patients on the MPHL Test Request form in the "comment" section. Please

see the attached prioritization document for more information on priority categories. If you have a highly suspect case that requires High Priority testing due to hospitalization and worsening conditions, call the Communicable Disease Epidemiology section at 406-444-0273.

MPHL recently received a shipment of viral transport media and nasopharyngeal swabs. Please let us know if you are in need of collection supplies and we will do our best to help you out. When ordering, keep in mind that supplies are limited, and we are trying to help others around the state. We are also doing our best to procure more collection supplies on a routine basis to help meet this need.

We continue to receive questions about COVID-19 antibody testing. At this time, the MPHL is not performing serology testing for COVID-19, so is unable to confirm positive serology results. Be aware that there are lots of tests being marketed, and very few FDA-approved, so please do your research if you are using or thinking of using COVID-19 antibody testing. Please also remember that this type of testing is not diagnostic for acute cases, since it does take the body time to produce antibodies, and that results should be considered with symptoms and patient history. For more information on what tests are FDA-approved, please visit https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations#covid19ivd

If you have questions or need to place an order, please contact the MPHL at 800-821-7284.

HEALTHCARE SETTINGS

Strategies to Optimize PPE Supply

All U.S. healthcare facilities should begin using PPE contingency strategies now.

- Maximize use of engineering controls, such as barriers and maintained ventilation systems, and administrative controls, such as altering work practices to minimize patient contacts.
- Cancel elective and non-urgent procedures/appointments.
- Reserve PPE for HCP and replace PPE normally used for source control with other barrier precautions such as tissues.
- Use re-usable PPE that can be reprocessed.
- Use PPE beyond the manufacturer-designated shelf life for training.
- Consider allowing HCP to extend.

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

Returning to Normal PPE Standards of Practice

As PPE becomes available, healthcare facilities should promptly resume standard practices.

- 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
- Healthcare Professional Preparedness Checklist For Transport and Arrival of Patients With Confirmed or Possible COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp-preparedness-checklist.pdf
- Steps Healthcare Facilities Can Take Now to Prepare for COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/hcp/steps-to-prepare.html

- Clinical Questions about COVID-19: Questions and Answers: https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html

- Return to work criteria for healthcare workers: https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html

Test-Based Strategy for HCP Return to Work

CDC has strengthened their recommendations for health care workers and now recommends the use of the *Test-based strategy* as the preferred method for determining when <u>health care workers</u> may return to work in healthcare settings.

Test-based strategy. Exclude from work until:

- Resolution of fever without the use of fever-reducing medications *and*

- Improvement in respiratory symptoms (e.g., cough, shortness of breath), *and*

- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens)

Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings

To address asymptomatic and pre-symptomatic transmission, *implement source control for everyone* entering a healthcare facility (e.g., healthcare personnel, patients, visitors), regardless of symptoms. This action is recommended to help prevent transmission from infected individuals who may or may not have symptoms of COVID-19. Source control strategies include:

1. Healthcare personnel (HCP) should wear a facemask at all times while they are in the healthcare facility. Cloth face coverings are not considered PPE HCP because their capability to protect HCP is unknown. Facemasks, if available, should be reserved for HCP.

2. For visitors and patients, a cloth face covering may be appropriate. If a visitor or patient arrives to the healthcare facility without a cloth face covering, a facemask may be used for source control if supplies are available.

3. Actively screen everyone for fever and symptoms of COVID-19 before they enter the healthcare facility.

As community transmission intensifies within a region, healthcare facilities could consider foregoing contact tracing for exposures in a healthcare setting in favor of universal source control for HCP and screening for fever and symptoms before every shift.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

Health Care Providers who are Exposed and Work Quarantine Option

The decision to work staff that have been exposed, and who are therefore under quarantine, <u>is made with the coordination and approval of the local public health agency</u>. In order to avoid potential issues of staff becoming symptomatic and resulting in further exposures that may result from improper PPE use we are discouraging work quarantine. However, if after consultation with public health officials it is determined that no alternatives exist and such staffing is necessary to continue to provide safe care for residents/patients the use of exposed, asymptomatic staff would be permitted if public health is assured of compliance with CDC, state and local guidelines. CDC guidelines state:

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- These HCP should still report temperature and absence of symptoms each day before starting work. These HCP should wear a facemask (for source control) while at work for 14 days after the exposure event. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding universal source control during the pandemic.

- A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other PPE) when indicated, including for the care of patients with suspected or confirmed COVID-19.

Of note, N95 or other respirators with an exhaust valve might not provide source control.

If HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities and notify their supervisor or occupational health services prior to leaving work. These individuals should be prioritized for testing.

Universal Source Control Recommendations:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html

ASSISTED LIVING

Considerations When Preparing for COVID-19 in Assisted Living Facilities

Given their congregate nature and population served, assisted living facilities (ALFs) are at high risk of COVID-19 spreading and affecting their residents. Recent experience with outbreaks in nursing homes has also reinforced that *residents with COVID-19 may not report typical symptoms such as fever or respiratory symptoms; some may not report any symptoms. Unrecognized asymptomatic and pre-symptomatic infections likely contribute to transmission in these settings.*

To prepare for COVID-19 in their facilities, ALFs should take the following actions:

- Educate residents, family members, and personnel about COVID-19

- Keep COVID-19 from entering the facility by implementing source control measures such as mask use and visitor restrictions.

- Implement recommended infection prevention and control practices

- Rapidly identify and properly respond to residents with suspected or confirmed COVID-19

Assisted Living Facilities Guidance: https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html

Recent experiences in nursing homes: https://www.cdc.gov/mmwr/volumes/69/wr/mm6913e1.htm

PHARMACIES

CDC guidance for pharmacies has been updated to reflect the following:

Implement universal use of face coverings

Everyone entering the pharmacy should wear a face covering for source control, regardless of symptoms. Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

Pharmacists and pharmacy technicians should always wear a facemask while they are in the pharmacy for source control.

Use strategies to minimize close contact between staff and customers

Postpone and reschedule delivery of some routine clinical preventive services, such as adult immunizations, which require face-to-face encounters.

Special considerations for clinics that are co-located in pharmacies

Post signs at the door instructing clinic patients with respiratory illness to return to their vehicles (or remain outside if pedestrians) and call the telephone number for the clinic so that proper triage can be performed before they enter the store.

Facemasks or cloth face coverings should be provided for all patients if they are not already wearing one, ideally prior to entering the pharmacy.

Where possible, provide separate entrances for all clinic patients. Otherwise create a clear path from the main door to the clinic, with partitions or other physical barriers (if possible), to minimize contact with other customers.

General Guidance for Pharmacies: https://www.cdc.gov/coronavirus/2019-ncov/hcp/pharmacies.html

LONG-TERM CARE

Preparing for COVID-19: Long-term Care Facilities, Nursing Homes

COVID-19 cases have been reported in all 50 states, the District of Columbia, and multiple U.S. territories; many having wide-spread community transmission. Given the high risk of spread once COVID-19 enters a LTCF, facilities must act immediately to protect residents, families, and staff from serious illness, complications, and death. Facilities should address asymptomatic and pre-symptomatic transmission by implementing source control for everyone entering a healthcare facility (e.g., healthcare personnel, patients, visitors), regardless of symptoms. Cloth face coverings are not considered personal protective equipment (PPE) because their capability to protect healthcare personnel (HCP) is unknown. Facemasks, if available, should be reserved for HCP. For visitors and residents, a cloth face covering may be appropriate. If a visitor or resident arrives to the facility without a cloth face covering, a facemask may be used for source control if supplies are available. Outlined below are strategies that LTCFs should implement now.

Strategies include recommendations to:

1. Keep COVID-19 from entering your facility

2. Identify infections early by screening all staff and residents

3. Prevent spread of COVID-19

4. Assess supply of personal protective equipment (PPE) and initiate measures to optimize current supply

5. Identify and manage severe illness

6. In addition to the actions described above, these are things facilities should do when there are *COVID-19 cases in their facility or sustained transmission in the community*

Because of the higher risk of unrecognized infection among residents, universal use of all recommended PPE for the care of all residents on the affected unit (or facility-wide depending on the situation) is recommended when even a single case among residents or HCP is identified in the facility; this should also be considered when there is sustained

transmission in the community. The health department can assist with decisions about testing of asymptomatic residents. Recommended PPE includes:

- respirator/facemask (Cloth face coverings are NOT PPE and should not be worn for the care of patients with known or suspected COVID-19 or other situations where a respirator or facemask is warranted)

- Eye protection

- Gloves

- Gowns

Encourage residents to remain in their room. If there are cases in the facility, restrict residents (to the extent possible) to their rooms except for medically necessary purposes. If they leave their room they should wear a cloth face covering or facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least 6 feet away from others)

LTC Guidance: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

Source Control: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

Cloth Face Cover: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html

All Recommended PPE:
https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html

LOCAL PUBLIC HEALTH DEPARTMENTS

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.

Recommendations

With the gradual re-opening of selected businesses, public health will continue to be relied heavily on to help ensure testing, isolation, quarantine and elated contact tracing procedures are in place and capable of responding to needs. Please help us communicate the following information and work with us to resolve any valid concerns that you are aware of:

- We are strongly encouraging anyone with symptoms of COVID-19 to be tested

- Those testing positive are isolated until cleared by public health

- Contact tracing occurs and close contacts are quarantined and tested as needed

As they occur, limitations/concerns regarding the key items above should be brought promptly to the attention of your CD/Epi contact who will work with our resources to assist.

Continue to 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.

COVID-19 case reporting:

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- Please follow up with CDEPI when a COVID-19 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.* 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.

- Please enter COVID-19 cases into MIDIS and fax or ePass COVID-19 PUI forms as soon as you can.

GENERAL INFORMATION

PPE Distribution

PHEP Staff along with the Montana National Guard continue to distribute PPE to county and tribal DES, health care facilities, and other entities. The Governor along with State staff procured 244,200 KN95 masks, 110,000 surgical masks, 54,500 face shields and 55,000 gloves from private vendors to be distributed across the State. The current items are being used to fill resource requests that have been submitted to the SECC. Shipments are now being sent vis UPS, which should speed up the delivery and tracking process.

If you need PPE or any other resources (e.g., equipment, other supplies, or staffing) work through your normal supply chains or temp services. *If you need additional supplies, please submit the resource request to your local DES and they will submit it to the SECC.*

Medical Professionals still needed in Montana to Assist during the COVID-19 Pandemic

This week we did activate the Montana Health Mutual Aid System (MHMAS) to fill for 5 - RN's/LPN's and 12 - CNA's. We were able to fill those requests within a few hours. We want to thank everyone that has signed up that allowed us to fill these requests promptly. We now have over 1,800 medical professionals registered in the Montana Health Mutual Aid System (MHMAS). We are still looking to increase the size of the registry, if you are interested of know someone that is, please pass along the link. https://dphhs.mt.gov/publichealth/phep/mhmas

PRIORITIES FOR TESTING PATIENTS WITH SUSPECTED COVID-19 INFECTION

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

PRIORITY 2

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